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| Fill in this information to identify your case: | | |
|---|---|-------------------------------------|
| United States Bankruptcy Court for the: Northern District of: Illinois (State) | <u></u> | |
| Case number (if known) | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | heck if this is an mended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----------------------------|---|
| Kimberly | |
| First name | First name |
| | |
| Middle name | Middle name |
| Bradshaw | |
| Last name | Last name |
| | |
| Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| | |
| First name | First name |
| First name | First name |
| Middle name | Middle name |
| Middle Hairie | Middle Harrie |
| Last name | Last name |
| | |
| First name | First name |
| | |
| Middle name | Middle name |
| | |
| Last name | Last name |
| VVV VV 0044 | WWW WW |
| XXX - XX- 9841 | XXX - XX- |
| OR | OR |
| 9 xx - xx- | 9 xx - xx- |
| 5 AA AA | |
| | Kimberly First name Middle name Bradshaw Last name Suffix (Sr., Jr., II, III) First name Middle name Last name First name XXX - XX - 9841 OR Q XX - XX - |

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| D | ebtor 1 Kimberly First Name | Middle Name Last Name | Case number (if known) |
|----|--|--|--|
| | i ii st ivaine | Wilder Warre Last Warre | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer | I have not used any business names or EINs. | I have not used any business names or EINs. |
| | Identification Numbers (EIN) you have used in the last | Business name | Business name |
| | 8 years | Business name | Business name |
| | Include trade names and doing business as names | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 5309 W Van Buren St Apt 2 Number Street | Number Street |
| | | Chicago Illinois 60644 | |
| | | City State Zip Code Cook | City State Zip Code |
| | | County | County |
| | | - | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to |
| | | notices to you at this mailing address. | this mailing address. |
| | | notions to you at the maining address. | and maining address. |
| | | Number Street | Number Street |
| | | | |
| | | City State Zip Code | City State Zip Code |
| 6. | Why you are | Check one: | Check one: |
| | choosing this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name Part 2: Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Code you Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box. are choosing to file Chapter 7 under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for fee more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for No. bankruptcy within the last 8 years? Yes. District Northern District of Illinois When 11/11/2016 Case number 1:2016bk36031 MM / DD / YYYY When District Case number District When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Relationship to you Yes. Debtor spouse who is not When District Case number, if known filing this case with MM / DD / YYYY you, or by a business Relationship to you Debtor partner, or by an District Case number, if known affiliate? MM / DD / YYYY 11. Do you rent your No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you? ✓ No. Go to line 12. Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

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Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? Ⅵ I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ✓ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Kimberly Bradshaw Case number (if known)

First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for

waiver of credit counseling with the court.

waiver of credit counseling with the court.

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Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded □ No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **1**-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do vou estimate that you owe? 100-199 10,001-25,000 More than 100,000 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Kimberly Bradshaw Signature of Debtor 1 Signature of Debtor 2 Executed on __9/18/2018 Executed on MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 Kimberly | | Bradshaw | Case number (if k | nown) |
|--|----------------------------|-------------------------|------------------------------|---|
| First Name | Middle Name | Last Name | | |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12 | 2, or 13 of title 11, United | ave informed the debtor(s) about I States Code, and have explained the Iso certify that I have delivered to the |
| If you are not | debtor(s) the notice requ | ired by 11 U.S.C. § | 342(b) and, in a case in w | hich § 707(b)(4)(D) applies, certify that I |
| represented by an | have no knowledge afte | r an inquiry that the i | nformation in the schedu | ules filed with the petition is incorrect. |
| attorney, you do not | • | , , | | • |
| need to file this page. | /s/ Timothy Mazur | | Date | 9/18/2018 |
| | Signature of Attorney f | or Debtor | MI | M / DD / YYYY |
| | | | | |
| | | | | |
| | Timothy Mazur | | | |
| | Printed name | | | |
| | 0 11 5 | | | |
| | Semrad Law Firm | | | |
| | Firm name | | | |
| | 11101 S. Western Ave | enue | | |
| | Street | | | |
| | | | | |
| | | | | |
| | Chicago | | Illinois | 60643 |
| | City | | State | Zip Code |
| | Contact phone | 3124473701 | Email address | tmazur@semradlaw.com |
| | | | | indea com ada vioni |
| | 70224 | | Missou | ıri |
| | Bar number | | State | |

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| Fill in this infor | mation to identify your ca | ase: | | |
|---------------------------|----------------------------|-------------|----------------------|--|
| Debtor 1 | Kimberly | | Bradshaw | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | |
| Case number (If known) | | | (State) | |

| П | Check if this is an |
|---|---------------------|
| _ | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|--------------------------------------|
| . Schedule A/B: Property (Official Form 106A/B) | \$0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$17,300.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | #17.000.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$17,300.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | , |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$28,492.00 |
| s. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | #00.000.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$93,003.00 |
| Your total liabilities | \$121,495.00 |
| Part 3: Summarize Your Income and Expenses | |
| | |
| I. Schedule I: Your Income (Official Form 106I) | \$3,472.97 |
| Copy your combined monthly income from line 12 of Schedule I | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | |

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Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. \square 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$5,874.77 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$85,727.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$85,727.00

9g. Total. Add lines 9a through 9f.

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| Fill in this | information to identify your case: | | | |
|-------------------------------------|--|--|--|---|
| Debtor 1 | Kimberly | Bradshaw | | |
| Debtor 2 | First Name Middle N | lame Last Name | | |
| (Spouse, if fi | First Name Middle N | lame Last Name | | |
| United Sta | ates Bankruptcy Court for the: Northern | District of Illinois (State) | | |
| Case num (If known) | nber | (State) | | |
| Officia | al Form 106A/B | | | Check if this is an amended filing |
| Sche | dule A/B: Property | | | 12/1 |
| category responsib write your | where you think it fits best. Be as complete a le for supplying correct information. If more s name and case number (if known). Answer e | st an asset only once. If an asset fits in more the nd accurate as possible. If two married people pace is needed, attach a separate sheet to this very question. nd, or Other Real Estate You Own or Have | are filing together, both a form. On the top of any a | are equally |
| | • | • | | |
| 1. Do you | No. Go to Part 2 Yes. Where is the property? | in any residence, building, land, or similar prop | erty? | |
| 1.1 | Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any secu Creditors Who Have Cla Current value of the | claims or exemptions. Put ared claims on <i>Schedule D:</i> aims Secured by Property. Current value of the |
| | Number Street | Manufactured or mobile home Land Investment property Timeshare Other | Describe the nature of interest (such as fee sthe entireties, or a life | simple, tenancy by |
| | City State Zip Code | Who has an interest in the property? Check | Check if this is co | ommunity property |
| | | one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: | | |
| If you | own or have more than one, list here: | property identification number. | | |
| 1.2 | Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | the amount of any secu | claims or exemptions. Put used claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| | Number Street City State Zip Code | Land Investment property Timeshare Other | Describe the nature of interest (such as fee sthe entireties, or a life | simple, tenancy by |
| | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: | (see instructions) | ommunity property |

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| Debtor 1 | | | Bradshaw | _ Case numbe | r (if known) | |
|-------------------------------|---|--|--|----------------|---|---|
| | First Name | Middle Name | Last Name | | | |
| 1.3 Stre | et address, if available, or oth | | That is the property? Check all that ap Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | oply. | the amount of any secu | claims or exemptions. Put red claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| Nur City | nber Street State | Zip Code | Land Investment property Timeshare Other | | Describe the nature o interest (such as fee s the entireties, or a life | imple, tenancy by |
| | | | The has an interest in the property? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anot ther information you wish to add abroperty identification number: | her | (see instructions) | mmunity property |
| | the dollar value of the port ve attached for Part 1. Writ | • | Il of your entries from Part 1, includ re. ▶ | ing any entrie | s for pages | |
| Do you ov you own t | hat someone else drives. If your services, trucks, tractors, sport utilise. | equitable interest ou lease a vehicle, a | in any vehicles, whether they are re lso report it on Schedule G: Executory ycles | - | - | |
| 3.1 | Make Model: Year: | KIA Optima 2015 | Who has an interest in the prope one. Debtor 1 only | erty? Check | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property. |
| | Approximate mileage: Other information: | 46000 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community pr | | Current value of the entire property? \$12600.00 | Current value of the portion you own? \$12600.00 |
| 3.2 | Make Model: Year: | | instructions) Who has an interest in the prope one. Debtor 1 only | | the amount of any secu | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community prinstructions) | | Current value of the entire property? | Current value of the portion you own? |

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| tor 1 | Kimberly | Bradshaw | Case numbe | er (if known) | |
|-------|--|--|---|--|---|
| | First Name | Middle Name Last Name | | | |
| 3.3 | Make Model: Year: Approximate mileage: Other information: | one. Debtor 1 only Debtor 2 only Debtor 1 and Debt At least one of the | in the property? Check or 2 only debtors and another community property (see | Do not deduct secured the amount of any secu Creditors Who Have Clat Current value of the entire property? | · · · · · · · · · · · · · · · · · · · |
| 3.4 | Make Model: Year: Approximate mileage: | Who has an interest one. Debtor 1 only Debtor 2 only | in the property? Check | Do not deduct secured the amount of any secu Creditors Who Have Cla Current value of the | red claims on Schedule |
| | Other information: | Debtor 1 and Debt | · · | entire property? | portion you own? |
| | | | debtors and another | | |
| | | ATVs and other recreational vehicles conal watercraft, fishing vessels, snowmen | - | | |
| Exar | nples: Boats, trailers, motors, pers No Yes Make | instructions) ATVs and other recreational vehicles conal watercraft, fishing vessels, snown of the watercraft. Who has an interest | , other vehicles, and acce | Do not deduct secured | |
| Exar | nples: Boats, trailers, motors, pers No Yes | instructions) ATVs and other recreational vehicles conal watercraft, fishing vessels, snowned | , other vehicles, and acce bbiles, motorcycle accessori | es | red claims on Schedule |
| Exar | nples: Boats, trailers, motors, pers No Yes Make Model: Year: | who has an interest one. Debtor 1 only Debtor 2 only At least one of the | , other vehicles, and acception of the property? Check | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule ims Secured by Propert |
| 4.1 | Make Model: Other information: Make Model: Year: Make Model: Year: | who has an interest one. Debtor 1 and Debtor 1 and Debtor 1 constructions) Who has an interest one. Debtor 1 and Debtor | other vehicles, and accepbiles, motorcycle accessorion in the property? Check for 2 only debtors and another | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule ims Secured by Propertion Value of the portion you own? claims or exemptions. Fred claims on Schedule |
| 4.1 | Make Model: Other information: Make Model: Make Model: Make Model: Make | who has an interest one. Debtor 1 only Debtor 2 only At least one of the instructions) Who has an interest one. Who has an interest one. | other vehicles, and accepbiles, motorcycle accessorion in the property? Check for 2 only debtors and another community property (see in the property? Check | Do not deduct secured the amount of any secu Creditors Who Have Cla Current value of the entire property? Do not deduct secured the amount of any secu | red claims on Schedule ims Secured by Propert Current value of the portion you own? claims or exemptions. Fred claims on Schedule |

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Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used Furniture \$2000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Cell Phone/Laptop/Television \$300.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$2000.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Costume Jewelry \$200.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4500.00 for Part 3. Write that number here

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Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$200.00 17.1. Checking account: Chase Bank 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Deni | First Name | Middle Name | Last Name | Case number (if known) | |
|------|--|---|---|--|--|
| 20. | Government and corpo Negotiable instruments i | prate bonds and other negotiab nclude personal checks, cashiers' ents are those you cannot transfer | le and non-negotiable i checks, promissory notes | s, and money orders. | |
| | Yes. Give specific information about them | Issuer name: | | | |
| | | | | | |
| 21. | Retirement or pension Examples: Interests in IF | | thrift savings accounts, or | or other pension or profit-sharing plans | |
| | ✓ No Yes. List each account | Type of account: 401(k) or similar plan: | Institution name: | | |
| | separately. | Pension plan: | | | |
| | | Retirement account: | | | |
| | | Keogh: | | _ | |
| | | Additional account: Additional account: | | | |
| 22. | | prepayments deposits you have made so that vith landlords, prepaid rent, public | | | |
| | Yes | Electric: | | | |
| | | Gas: | | | |
| | | Heating oil: | | _ | |
| | | Security deposit on rental unit: | | | |
| | | Prepaid rent: Telephone: | - | | |
| | | Water: | _ | _ | |
| | | Rented furniture: | | | |
| | | Other: | | | |
| 23. | Annuities (A contract fo | r a periodic payment of money to | you, either for life or for a | number of years) | |
| | ✓ No Yes | Issuer name and description: | | | |
| | | | | | |
| | | | | | |

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| Debt | or 1 Kimberly | | Bradshaw | Case number (if known) | |
|------|--|--|---|--|---|
| 24. | First Name Interests in an educa | Middle Nan ation IRA, in an accou | | under a qualified state tuition program. | |
| | 26 U.S.C. §§ 530(b)(1 | I), 529A(b), and 529(b) | (1). | | |
| | ✓ No Instituti | ion name and descriptic | on. Separately file the records of any in | terests.11 U.S.C. § 521(c): | |
| | | | | | |
| | | | | | |
| 25. | Trusts, equitable or exercisable for your | | perty (other than anything listed in | line 1), and rights or powers | |
| | ✓ No Yes. Describe | | | | |
| | | | | | |
| 26. | | | crets, and other intellectual proper proceeds from royalties and licensing | | |
| | No No | main names, websites, | proceeds from royalities and licensing | agreements | |
| | Yes. Describe | | | | |
| 0.7 | | | 1 | | |
| 27. | | s, and other general in ermits, exclusive licenses | rangibles s, cooperative association holdings, lic | uor licenses, professional licenses | |
| | No No Pagariba | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| Mor | ney or property owe | ed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ney or property owe | | | | portion you own? |
| | Tax refunds owed to y ✓ No | you | | Foderal | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds owed to y ✓ No — Yes. Give specific i about them, | you information including whether | | Federal: | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| | Tax refunds owed to y No Yes. Give specific i about them, you already fi | you information | | State: | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| 28. | Tax refunds owed to y No Yes. Give specific i about them, you already fi and the tax y Family support | you information including whether iled the returns rears | ousal support, child support, maintena | | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to y No Yes. Give specific i about them, you already fi and the tax y Family support | you information including whether iled the returns rears | ousal support, child support, maintena | State: Local: ance, divorce settlement, property settlement | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to y No Yes. Give specific i about them, you already fi and the tax y Family support Examples: Past due or | you information including whether iled the returns rears | ousal support, child support, maintena | State: Local: ance, divorce settlement, property settlement Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t |
| 28. | Tax refunds owed to y No Yes. Give specific i about them, you already fi and the tax y Family support Examples: Past due or | you information including whether iled the returns rears | ousal support, child support, maintena | State: Local: ance, divorce settlement, property settlement Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 |
| 28. | Tax refunds owed to y No Yes. Give specific i about them, you already fi and the tax y Family support Examples: Past due or | you information including whether iled the returns rears | ousal support, child support, maintena | State: Local: Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to y No Yes. Give specific i about them, you already fi and the tax y Family support Examples: Past due or | you information including whether iled the returns rears | ousal support, child support, maintena | State: Local: Alimony: Maintenance: Support: Divorce settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to y No Yes. Give specific i about them, you already fi and the tax y Family support Examples: Past due or No Yes. Give specific i | information including whether iled the returns rears | | State: Local: Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to y ✓ No Yes. Give specific i about them, you already fi and the tax y Family support Examples: Past due or ✓ No Yes. Give specific i | information including whether iled the returns rears | | State: Local: Alimony: Maintenance: Support: Divorce settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to y ✓ No Yes. Give specific i about them, you already fi and the tax y Family support Examples: Past due or ✓ No Yes. Give specific i Other amounts some Examples: Unpaid wag Social Secur | information including whether iled the returns rears | payments, disability benefits, sick pay, | State: Local: Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to y ✓ No Yes. Give specific i about them, you already fi and the tax y Family support Examples: Past due or ✓ No Yes. Give specific i Other amounts some Examples: Unpaid wag Social Secur | information including whether iled the returns rears | payments, disability benefits, sick pay, | State: Local: Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb | tor 1 Kimberly | Bradshaw | Case number (if known) | |
|------|---|--|---|---|
| | First Name Middle Name | Last Name | | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; health | alth savings account (HSA); credit, ho | meowner's, or renter's insurance | |
| | No ✓ Yes. Name the insurance company | Company name: | Beneficiary: | Surrender or refund value: |
| | of each policy and list its value | Primerica Term Life | siblings | \$0.00 |
| | | | | |
| 32 | Any interest in property that is due you from | someone who has died | | |
| 52. | If you are the beneficiary of a living trust, expect property because someone has died. | | or are currently entitled to receive | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| 33. | Claims against third parties, whether or not Examples: Accidents, employment disputes, inst | | demand for payment | |
| 34. | Other contingent and unliquidated claims of to set off claims | every nature, including countercl | aims of the debtor and rights | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| 35. | Any financial assets you did not already list | | | |
| | ✓ No ✓ Yes. Describe | | | |
| | Tes. Describe | | | |
| 36. | Add the dollar value of all of your entries from for Part 4. Write that number here | , | | \$200.00 |
| | | | | _ |
| Part | 5: Describe Any Business-Related Pro | perty You Own or Have an In | terest In. List any real estate in Part | 1. |
| 37. | Do you own or have any legal or equitable in | terest in any business-related pro | perty? | |
| | No. Go to Part 6. | | | urrent value of the ortion you own? |
| | Yes. Go to line 38. | | | o not deduct secured claims rexemptions |
| 38. | Accounts receivable or commissions you alr | eady earned | | |
| | ✓ No Yes. Describe | | | |
| 39. | Office equipment, furnishings, and supplies Examples: Business-related computers, software | e, modems, printers, copiers, fax mad | chines, rugs, telephones, desks, chairs, electr | onic devices |
| | ✓ No ☐ Yes. Describe | | | |
| | | | | |

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| Deb | tor 1 Kimberly | | | Case number (if known) | | _ |
|-----------------|--|---|-----------------------------|----------------------------|-----------------------------|----|
| 1 | First Name | | st Name | | | |
| 40. | Machinery, fixtures, e | quipment, supplies you use in business, | and tools of your trade | | | |
| | ✓ No | | | | | |
| | Yes. Describe | | | | | |
| | ш | | | | | |
| | - | <u></u> | | | | |
| 41. | Inventory | | | | | |
| | ✓ No | | | | | |
| | Yes. Describe | | | | | |
| | L roor Doodingom | | | | | |
| | | <u> </u> | | | | |
| 42. | Interests in partnersh | ips or joint ventures | | | | |
| | ✓ No | | | | | |
| | | Name of entity: | | % of ownership: | | |
| | Yes. Give specific information about | | | | | |
| | them | | | | - | |
| | | | | | _ | |
| | | | | | | |
| 43 (| Customer lists mailing | lists, or other compilations | | | | |
| 10. | | note, or earler complianene | | | | |
| | ✓ No | | | | | |
| | Yes. Do your lists | nclude personally identifiable information (a | s defined in 11 U.S.C. § 10 | 01(41A))? | | |
| | ☐ No | | | | | |
| | Yes. Desc | ribo | | | | |
| | L Tes. Desc | inde | | | | |
| 44. | Any business-related | property you did not already list | | | | |
| | | , | | | | |
| | ✓ No | | | | | |
| | Yes. Give specific | | | | | |
| | information | | | | | |
| | | | | | <u> </u> | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | <u> </u> | |
| 45. A | dd the dollar value of | all of your entries from Part 5, including | any entries for pages vo | u have attached | | |
| | | er here | | | | |
| <u> </u> | | | | | | |
| Part | t 6: Describe Any F If you own or have ar | arm- and Commercial Fishing-Relation interest in farmland, list it in Part 1. | ated Property You Ow | vn or Have an Interest In. | | |
| 46. | Do you own or have | ny legal or equitable interest in any fari | n- or commercial fishing | -related property? | | |
| - 0. | | ing logar or equitable interest in ally lair | or commercial nathing | , rotated property: | Current value of the | |
| | No. Go to Part 7. | | | | portion you own? | |
| | Yes. Go to line 47 | | | | Do not deduct secured claim | าร |
| | | | | | or exemptions | |
| 47. | Farm animals | outher form raised fich | | | | |
| | Examples: Livestock, p | outry, rami-raised fish | | | | |
| | ✓ No | | | | | |
| | Yes. Describe | | | | | |
| | _ _ | | | | | |
| | | | | | | |

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| Debt | tor 1 Kimberly First Name Middle Name | Bradshaw | Case number (if known) | |
|--------------|---|---------------------------|------------------------------|--------------|
| 40 | | Last Name | | |
| 48. | Crops-either growing or harvested | | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| 49. | Farm and fishing equipment, implements, machinery, fix | tures and tools of trade | | |
| 43. | _ | tures, and tools of trade | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| 50. | Farm and fishing supplies, chemicals, and feed | | | |
| | No No | | | |
| | Yes. Describe | | | |
| | 130. 2333/iBO | | | |
| | | | <u>'</u> | |
| 51. | Any farm- and commercial fishing-related property you o | did not already list | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| | | | | - |
| | dd the dollar value of all of your entries from Part 6, inclu | | - | |
| for Pa ▶ | art 6. Write that number here | | | |
| | | | _ | |
| | | | | |
| Part 1 | 7: Describe All Property You Own or Have an Int | erest in That You Did | Not List Above | |
| 53. | Do you have other property of any kind you did not alrea | | | |
| 00. | Examples: Season tickets, country club membership | uy not. | | |
| | ✓ No | | | |
| | Yes. Give specific | | | |
| | information | | | |
| | | | | |
| | | | | - |
| 54 A | dd the dollar value of all of your entries from Part 7. Write | that number here | 1 | • |
| | au the denai value of an or your entitled nom rail it in this | , that hamber here hims | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Part | List the Totals of Each Part of this Form | | | |
| 55 E | Part 1: Total real estate, line 2 | | • | |
| 00.1 | art it fotal four estate, fine 2 | | | |
| 56. r | part 2 total vehicles, line 5 | \$12600.00 | | |
| 57 D | art 3: Total personal and household items, line 15 | | _ | |
| | | \$4500.00 | <u> </u> | |
| 58. P | art 4: Total financial assets, line 36 | \$200.00 | <u>_</u> | |
| 59. F | Part 5: Total business-related property, line 45 | | | |
| 60. F | Part 6: Total farm- and fishing-related property, line 52 | | _ | |
| | | | _ | |
| | Part 7: Total other property not listed, line 54 | | | |
| 62. 1 | Total personal property. Add lines 56 through 61 | \$17300.00 | | + \$17300.00 |
| | | | Copy personal property total | |
| | | | | \$17300.00 |
| 63. T | otal of all property on Schedule A/B. Add line 55 + line 62 | | | |

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| | | | Docu | ment Page 20 of | 88 | |
|----------------------|--|--|---|---|---|--|
| Fill | in this infor | mation to identify your ca | ase: | | | |
| Deb | otor 1 | Kimberly | | Bradshaw | | |
| | | First Name | Middle Name | Last Name | | |
| | otor 2 ouse, if filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States B | sankruptcy Court for the: | Northern [| District of Illinois | | |
| | se number | | | (State) | | |
| | ficial | Form 106C | | | J | Check if this is an amended filing |
| | | | erty You Claim a | e Evemnt | | 04/1 |
| | | | | | | onsible for supplying correct |
| For stat the tax-und | each iten e a specir amount c exempt r ler a law t r exempti t 1: Iden Which ser | ges, write your name a n of property you clai fic dollar amount as e of any applicable state etirement funds—ma that limits the exemple ion would be limited to tify the Property You are claiming state and fe are claiming federal exer | m as exempt, you must exempt. Alternatively, you tory limit. Some exempt be unlimited in dollar action to a particular dollar to the applicable statutor. Claim as Exempt Claiming? Check one only, edderal nonbankruptcy exempt mptions. 11 U.S.C. § 522(b) | specify the amount of the u may claim the full fair m tions—such as those for h amount. However, if you cramount and the value of try amount. If your spouse is filing with y potions. 11 U.S.C. § 522(b)(3) | exemption you arket value of t ealth aids, righ laim an exemp the property is | Page as necessary. On the top of any claim. One way of doing so is to the property being exempted up to its to receive certain benefits, and ition of 100% of fair market value determined to exceed that amount |
| | | cription of the property a chedule A/B that lists th | is the portion you own | Amount of the exemption you | | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | | | |
| | Brief description KIA C | n: Optima, 2015 | \$12,600.00 | \$0 100% of fair market val | | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| | Schedule . | A/B: 03 | | applicable statutory limi | | |
| | Brief description | ո: | \$2,000.00 | \$2,000.00 | 20 | 735 ILCS 5/12-1001(b) |
| | Used Line from Schedule | Furniture A/B: 06 | | \$2,000.0 100% of fair market val applicable statutory limi | ue, up to any | _ |
| 3. | Are you c | laiming a homestead ex | emption of more than \$160, and every 3 years after that for | | | |

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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| Part 2: Additional Page | ic Hamo | and the first of t | |
|---|---|--|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
| Brief description: Used Clothing Line from Schedule A/B: 11 | \$2,000.00 | \$1,300.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Costume Jewelry Line from Schedule A/B: 12 | \$200.00 | \$200.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Checking account, Chase Bank Line from Schedule A/B: 17 | \$200.00 | \$200.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Cell Phone/Laptop/Television Line from Schedule A/B: 07 | \$300.00 | \$300.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Primerica Term Life Line from Schedule A/B: 31 | \$0.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(f) |

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| Fill in | this infor | mation to identify your cas | se: | | | | |
|-----------------|------------------------|--|------------------------------|--|---------------------------|--------------------------|---------------------|
| Debto | or 1 | Kimberly | | Bradshaw | | | |
| Dobio |) I | First Name | Middle Name | Last Name | | | |
| Debto (Spous | or 2 se, if filing) | First Name | Middle Name | Last Name | | | |
| Unite | d States B | Sankruptcy Court for the: | Northern | District of Illinois | | | |
| | number | | | (State) | | | |
| (If knov | | Tawa 100D | | | | | Check if this is a |
| | | Form 106D | | | | | amended filing |
| | | | | e Claims Secure | | | 12/1 |
| | - | · | | are filing together, both are equa- per the entries, and attach it to t | | | |
| | | number (if known). | | | | | |
| 1. I | - | creditors have claims se | | | a nathing also to ran | ort on this form | |
| ļ | = | | | ith your other schedules. You hav | e nouning eise to rep | Ort Ort trits form. | |
| | | Fill in all of the information | 1 Delow. | | | | |
| Part | | All Secured Claims | | 1.11.19.11.19 | | 0.1 | 0.1.0 |
| 2. | | secured claims. If a creditely for each claim. If more the | | red claim, list the creditor cular claim, list the other creditors | Column A Amount of claim | Column B Value of | Column C Unsecured |
| | in Part 2 | | • | rder according to the creditor's | Do not deduct the | collateral | portion |
| | name. | ime. | | | value of collateral. | that supports this claim | If any |
| 2.1 | | ONE AUTO FINANCE | Describe the property t | hat secures the claim: | \$25,992.00 | \$12,600.00 | <u>\$13,392.0</u> 0 |
| | Creditor's 3901 D | ALLAS PKWY | 2015 KIA Optima | | | | |
| | Numb | er Street | | the claim is: Check all that apply. | | | |
| | | | Contingent | | | | |
| | PLANO City | TX 75093 State ZIP Code | Unliquidated | | | | |
| | , | res the debt? Check one. | Disputed | | | | |
| | ✓ Deb | tor 1 only | Nature of lien. Check all | that apply. | | | |
| | = | otor 2 only | An agreement you m car loan) | ade (such as mortgage or secured | | | |
| | | east one of the debtors | Statutory lien (such a | as tax lien, mechanic's lien) | | | |
| | | another | Judgment lien from | a lawsuit | | | |
| | | eck if this claim relates a community debt | Other (including a rig | ht to offset) | | | |
| | Date de incurred | | Last 4 digits of account | t number1001 | | | |
| 2.2 | City of C | Chicago - Dept. of Finance | Describe the property t | hat secures the claim: | \$2,500.00 | \$12,600.00 | \$0.00 |
| | Creditor's | | KIA Optima Value: \$14, | | | | |
| | PO Box Numb | | Contingent | the claim is: Check all that apply. | | | |
| | | | Unliquidated | | | | |
| | Chicago | | Disputed | | | | |
| | City Who ow | State ZIP Code res the debt? Check one. | Nature of lien. Check all | that apply | | | |
| | | tor 1 only | _ | rade (such as mortgage or secured | | | |
| | Deb | otor 2 only | An agreement you m car loan) | rade (such as mongage of secured | | | |
| | Deb | tor 1 and Debtor 2 only | Statutory lien (such a | as tax lien, mechanic's lien) | | | |
| | | east one of the debtors | Judgment lien from | a lawsuit | | | |
| | | another eck if this claim relates | Other (including a rig | ht to offset) | | | |
| | | community debt | Last 4 digits of account | t number | | | |
| | incurred | | | | | | |
| | | Add the dollar value of y | our entries in Column A | on this page. Write that number | \$28,492.00 | | |

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| Fill i | n this infori | mation to identify your c | ase: | | | | | |
|--------------------------------|---|---|--|---|---|----------------------------|----------------------------------|-------------------------------|
| Deb | tor 1 | Kimberly | | Bradshaw | | | | |
| | | First Name | Middle Name | Last Name | | | | |
| Deb | | E: | NAC LILL NI | | | | | |
| (Spot | use, if filing) | First Name | Middle Name | Last Name | | | | |
| | | ankruptcy Court for the: | Northern | District of Illinois (State) | | | | |
| Case (If knd | e number own) | - | | | | | | |
| Off | icial F | orm 106E/F | | | | Che | ck if this is an | amended filing |
| | | | ditors Who | Have Unse | cured Claims | | | 12/15 |
| Form clain the e know | 106A/B) ans that are entries in the sinth (n). | and on Schedule G: Exe listed in Schedule D: C he boxes on the left. At | cutory Contracts and Une reditors Who Hold Claims | expired Leases (Officia Secured by Property. | n. Also list executory contracts I Form 106G). Do not include a If more space is needed, copy e top of any additional pages, v | ny creditor the Part yo | s with partia ou need, fill i | illy secured t out, number |
| 1. | - | reditors have priority un Go to Part 2. | secured claims against y | ou? | | | | |
| 2. | List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) | | | | | rity amounts. | | |
| | | | | | | Total claim | Priority amount | Nonpriority amount |

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Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **V** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 1ST Financial Investment Fund \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 10/2012 3091 GOVERNORS LAKE DR Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **PEACHTREE** Georgia 30071 **CORNERS** Disputed City State Zip Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only $\overline{}$ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts 001 Collection; Collecting for **V** Check if this claim relates to a community debt ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA Is the claim subject to offset? No Yes CERTIFIED SERVICES INC \$795.00 1029 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 11/2014 PO Box 177 Street Number As of the date you file, the claim is: Check all that apply. Contingent Waukegan 60079 Illinois Unliquidated City State 7in Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? \checkmark ORIGINAL CREDITOR: MEDICAL No $\overline{}$ Other. Specify PAYMENT DATA Yes Chicago State University \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 9501 S King Dr When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60628 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify student account past due Is the claim subject to offset? **✓** No Yes orm 106E/F Schedule E/F: Creditors Who Have Unsecured Claims page 2

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Debtor 1 Kimberly Bradshaw Case number (if known) Last Name

| Part 2 | Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page | | | | | |
|--------|--|---|-------------|--|--|--|
| | After listing any entries on this page, number them beginning w | ith 4.5, followed by 4.6, and so forth. | Total claim | | | |
| 4.4 | COMENITY BANK/LNBRYANT Nonpriority Creditor's Name 4590 E Broad St Number Street | - Last 4 digits of account number 4089 When was the debt incurred? 11/2017 As of the date you file, the claim is: Check all that apply. | \$309.00 | | | |
| | Columbus Ohio 43213 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard | | | | |
| 4.5 | CREDIT ONE BANK NA Nonpriority Creditor's Name PO BOX 98875 Number Street LAS VEGAS Nevada 89193 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number 9549 When was the debt incurred? 5/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard | \$1,580.00 | | | |
| 4.6 | Federal Loan Service Nonpriority Creditor's Name Pob 69184 Number Street Harrisburg Pennsylvania 17106 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number | \$70,277.00 | | | |

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Debtor 1 Kimberly Bradshaw Case number (if known) Last Name

| Part : | Your NONPRIORITY Unsecured Claims - Continuation | n Page | |
|--------|--|---|-------------|
| | After listing any entries on this page, number them beginning w | ith 4.5, followed by 4.6, and so forth. | Total claim |
| 4.7 | Federal Loan Service Nonpriority Creditor's Name Pob 69184 Number Street | Last 4 digits of account number 0002 When was the debt incurred? 09/2011 As of the date you file, the claim is: Check all that apply. | \$8,209.00 |
| | Harrisburg Pennsylvania 17106 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |
| 4.8 | Federal Loan Service Nonpriority Creditor's Name Pob 69184 Number Street Harrisburg Pennsylvania 17106 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | Heat 4 digits of account number 0005 When was the debt incurred? 08/2012 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | \$3,877.00 |
| 4.9 | Federal Loan Service Nonpriority Creditor's Name Pob 69184 Number Street Harrisburg Pennsylvania 17106 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | Last 4 digits of account number | \$3,364.00 |

Case 18-26272 Doc 1 Filed 09/18/18 Entered 09/18/18 15:49:15 Desc Main Page 27 of 88 Document Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 IL Tollway \$69.00 Last 4 digits of account number Nonpriority Creditor's Name

| Number Street S | 2700 Ogden Ave | When was the debt incurred?n/a |
|--|---|---|
| Downers Grove Illinois G0515 Disputed | | |
| Disputed | | ☐ Unliquidated |
| While Incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Student loans | | _ _ |
| Debtor 2 only | · | |
| Debtor 2 only | Debtor 1 only | <u> </u> |
| Debtor 1 and Debtor 2 only | Debtor 2 only | |
| Check if this claim relates to a community debt State Claim subject to offset? Other. Specify unpaid toils | Debtor 1 and Debtor 2 only | |
| Check if this claim relates to a community debt Interest claim subject to offset? Interest claim | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar |
| No Yes Yes Last 4 digits of account number S0.00 Nonpriority Creditor's Name When was the debt incurred? n/a Nonpriority Creditor's Name | Check if this claim relates to a community debt | |
| Nonpriority Creditor's Name P.O.Box 06152 When was the debt incurred? n/a | ✓ No | |
| P.O. Box 66152 Number Street As of the date you file, the claim is: Check all that apply. | | Last 4 digits of account number \$0.00 |
| As of the date you file, the claim is: Check all that apply. Chicago Illinois 60606 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? WestCHESTER Illinois 60154 City State Zip Code Who incurred the debtors and another Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured parking out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured Parking Tickets Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured | | When was the debt incurred?n/a |
| Chicago Illinois 60606 City State Zip Code Disputed Disputed Disputed Debtor 1 only Student loans Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only 3 Financial Services Name 10330 W ROOSEVELT RD S-2 When was the debt incurred? 03/2013 Number Street As of the date you file, the claim is: Check all that apply. WESTCHESTER Illinois 60154 Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 priority claims 4 Less to a community debt Debtor 2 only Debtor 2 only Debtor 3 priority claims 4 Less to a community debt Debtor 2 only Debtor 2 only Debtor 3 priority claims 4 Less to a community debt Debtor 2 only Debtor 2 only Debtor 3 priority claims 4 Less to a community debt Debtor 4 Mark 1 Less to a community debt Debtor 2 only Debtor 2 Only Callecting for ORIGINAL CREDITOR: MEDICAL Other, Specify Payment DaTA | Number Street | As of the date you file, the claim is: Check all that apply |
| Chicago Illinois 60606 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 sharing plans, and other similar debts Who Incurred the debtor share Uniform Street As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Debtor 1 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims WestCHESTER Illinois 60154 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Obligations or profit-sharing plans, and other similar debts On Cliciction; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | | |
| Chicago Illinois 50406 Disputed Disputed Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Disputed Dis | | |
| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 3 and Debtor 2 only ☐ Debtor 4 and Debtor 5 and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☐ Number ☐ Street ☐ Who incurred the debt? Check one. ☐ Debts 1 and Debtor 2 only ☐ Debts 2 only ☐ Debts 3 the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Debtor 1 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debts 1 and Debtor 2 only ☐ Debts 1 and Debtor 2 only ☐ Debts 2 only ☐ Debts 3 the claim relates to a community debt Is the claim subject to offset? ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☐ Check if PAYMENT DATA | | |
| Debtor 2 only | , | |
| Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ No □ Yes 4.12 M3 Financial Services Nonpriority Creditor's Name 10330 W ROOSEVELT RD S-2 Number Street WESTCHESTER Illinois 60154 City State Zip Code Who incurred the debt? Check one. □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Unsecured Parking Tickets □ Other. Speci | ✓ Debtor 1 only | <u> </u> |
| Debtor 1 and Debtor 2 only | Debtor 2 only | Student loans |
| Check if this claim relates to a community debt State claim subject to offset? V No | Debtor 1 and Debtor 2 only | |
| Is the claim subject to offset? Is the claim subject to offset? | At least one of the debtors and another | |
| Ves | — | Other. Specify Unsecured Parking Tickets |
| Yes A.12 M3 Financial Services Nonpriority Creditor's Name 10330 W ROOSEVELT RD S-2 When was the debt incurred? 03/2013 | _ | |
| M3 Financial Services Nonpriority Creditor's Name 10330 W ROOSEVELT RD S-2 When was the debt incurred? 03/2013 | No | |
| Nonpriority Creditor's Name 10330 W ROOSEVELT RD S-2 Number Street Men was the debt incurred? 03/2013 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? When was the debt incurred? 03/2013 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts O01 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | Yes | |
| Mumber Street As of the date you file, the claim is: Check all that apply. | | Last 4 digits of account number 5192 \$0.00 |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Onl Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | | When was the debt incurred? 03/2013 |
| WESTCHESTER Illinois 60154 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Onl Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other, Specify PAYMENT DATA | | As of the data you file the alaim in Charle all that apply |
| WESTCHESTER Illinois 60154 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☐ Unliquidated ☐ Disputed ☐ Disputed ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ ORIGINAL CREDITOR: MEDICAL ☐ Other, Specify PAYMENT DATA | | |
| City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Onl Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other, Specify PAYMENT DATA | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts On I Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other, Specify PAYMENT DATA | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Is pe of NONPHIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Onl Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other, Specify PAYMENT DATA | · | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Onl Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other, Specify PAYMENT DATA | | Type of NONPRIORITY unsecured claim: |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | Debtor 2 only | Student loans |
| debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify PAYMENT DATA | Debtor 1 and Debtor 2 only | |
| Check if this claim relates to a community debt Is the claim subject to offset? Onliginal Creditor; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | At least one of the debtors and another | |
| Is the claim subject to offset? ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | Check if this claim relates to a community debt | |
| Other, Specify PAYMENT DATA | | ORIGINAL CREDITOR: MEDICAL |
| _ | | Other. Specify PAYMENT DATA |
| Yes | Yes | |

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Debtor 1 Kimberly Bradshaw Case number (if known)
First Name Middle Name Last Name

| Part 2: | Your NONPRIORITY Unsecured Claims - Contin | nuation Page | |
|---------|--|---|-------------|
| | After listing any entries on this page, number them begi | nning with 4.5, followed by 4.6, and so forth. | Total claim |
| 4.13 | M3 Financial Services | Last 4 digits of account number 8810 | \$0.00 |
| | Nonpriority Creditor's Name 10330 W ROOSEVELT RD S-2 | When was the debt incurred? 03/2013 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | WESTCHESTER Illinois 60154 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts 001 Collection; Collecting for | |
| | Is the claim subject to offset? | ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | |
| | ✓ No | TAIMEN BAIN | |
| | Yes | | |
| 4.14 | M3 Financial Services Nonpriority Creditor's Name | Last 4 digits of account number 4629 | \$26.00 |
| | 10330 W ROOSEVELT RD S-2 | When was the debt incurred? 5/2016 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | WESTCHESTER Illinois 60154 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | |
| | At least one of the debtors and another | divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL | |
| | ✓ No | Other. Specify PAYMENT DATA | |
| | Yes | | |
| 4.15 | McNeal Health Network Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | 3249 Oak Park Ave Number Street | When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Berwyn Illinois 60402 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts Other. Specify Medical Bill | |
| | Is the claim subject to offset? | <u> </u> | |
| | ✓ No | | |
| | Yes | | |

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 Debtor 1 First Name
 Kimberly First Name
 Bradshaw Last Name
 Case number (if known)

| Part 2: | Your NONPRIORITY Unsecured Claim | ns - Continuation Pag | e | |
|---------|---|------------------------|---|-------------|
| | After listing any entries on this page, number | them beginning with 4. | 5, followed by 4.6, and so forth. | Total claim |
| 4.16 | McNeal Hospital | La | st 4 digits of account number | \$3,500.00 |
| | Nonpriority Creditor's Name 3249 Oak Park Ave | | nen was the debt incurred? n/a | |
| | Number Street | As | of the date you file, the claim is: Check all that apply. | |
| | | | Contingent | |
| | Berwyn Illinois | 60402 | Unliquidated | |
| | City State | Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | Туј | pe of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | | Student loans | |
| | Debtor 1 and Debtor 2 only | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a communi | ty debt | debts Other. Specify medical bill | |
| | Is the claim subject to offset? | | • | |
| | ✓ No | | | |
| | Yes | | | |
| 4.17 | Mount Sinai Hospital Nonpriority Creditor's Name | La | st 4 digits of account number | \$0.00 |
| | 1500 S. California | Wh | en was the debt incurred?n/a | |
| | Number Street | As | of the date you file, the claim is: Check all that apply. | |
| | | | Contingent | |
| | Chicago Illinois | 60608 | Unliquidated | |
| | | Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | Туј | oe of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | | Student loans | |
| | Debtor 1 and Debtor 2 only | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Г | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a communi | ty debt | debts Other. Specify Medical Bill | |
| | Is the claim subject to offset? | <u>√</u> | Wodean Bill | |
| | ✓ No | | | |
| | Yes | | | |
| 4.18 | Santander Consumer USA | La | st 4 digits of account number 1000 | \$0.00 |
| | Nonpriority Creditor's Name 14101 MYFORD RD FL 2 | | nen was the debt incurred? 09/2006 | |
| | Number Street | As | of the date you file, the claim is: Check all that apply. | |
| | | г | Contingent | |
| | TUCTIN Colifornia | 00700 | Unliquidated | |
| | TUSTIN California City State | 92780 <u> </u> | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | Ty | oe of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | | Student loans | |
| | Debtor 1 and Debtor 2 only | | Obligations arising out of a separation agreement or | |
| | At least one of the debtors and another | Г | divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a communi | ty debt - | debts | |
| | Is the claim subject to offset? | .y uosi. | Other. Specify 061 Automobile | |
| | ✓ No | | | |
| | Yes | | | |

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Bradshaw Debtor 1 Kimberly Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 TBOM/ATLS/FORTIVA MC \$997.00 Last 4 digits of account number 0194 Nonpriority Creditor's Name 5 CONCOURSE PKWY When was the debt incurred? 5/2018 Number Street As of the date you file, the claim is: Check all that apply. Contingent **ATLANTA** 30328 Georgia Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt CreditCard Other. Specify __ Is the claim subject to offset? **✓** No Yes

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Debtor 1 Kimberly Bradshaw Case number (if known)

| FIRST Nar | ne ivilodie name Last name | | | |
|--------------------------|--|---------|-------------------------------------|-----------------|
| Part 4: Add th | ne Amounts for Each Type of Unsecured Claim | | | |
| | mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim. | s for s | tatistical reporting purposes only. | 28 U.S.C. §159. |
| | | | Total claims | |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 | |
| nom rait i | 6b. Taxes and certain other debts you owe the government | | \$0.00 | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 | |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$0.00 | |
| | | | Total claims | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$85,727.00 | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$7,276.00 | |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$93,003.00 | |

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| | | | ora filing together, both are agually responsible | 12/15 |
|---------------------------|---------------------------|---------------|---|----------------------|
| Schodu | la G: Evacut | ory Contracts | and Unexpired Leases | 40/4 |
| Official | Form 106G | | | amended filing |
| Case number (lf known) | | | | ☐ Check if this is a |
| | Bankruptcy Court for the: | Northern | District of Illinois (State) | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| Debtor 1 | Kimberly | | Bradshaw | |

1. Do you have any executory contracts or unexpired leases?

name and case number (if known).

| | No. | Check this bo | x and file this forn | n with the co | urt with vour oth | ner schedules. Yo | ou have nothing e | else to report on | this form. |
|--|-----|-----------------|----------------------|----------------|-------------------|-------------------|-------------------|-------------------|-------------|
| | | Officer time be | A dira ino tino ioni | 1 WILL LITE OO | art with your on | ioi concadico. Te | ou mave meaning c | noo to roport on | time remini |

Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your

| | Person or comp | any with whom you have | e the contract or lease | State what the contract or lease is for |
|-----|---------------------|------------------------|-------------------------|---|
| 2.1 | Jones, Cory Name | | | Residential Lease, Debtor is Lessee, 1 year lease |
| | Number | Street | | |
| | City | State | Zip Code | |

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| | | 20 | στιτιστικ ταξ | gc 33 01 00 | |
|---------------------------------|----------------------------|---------------------------------|---------------------------|-------------------------|--|
| Fill in this infor | rmation to identify your | case: | | | |
| Debtor 1 | Kimberly | | Bradshaw | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | L oot Nome | | |
| (opeace,g) | riist name | Middle Name | Last Name | | |
| United States I | Bankruptcy Court for the: | Northern | District of Illinois | | |
| Case number (If known) | | | (State) | | |
| | | | | | Check if this is an |
| | | | | | amended filing |
| Official | Form 106H | | | | |
| | | | | | |
| Schedul | e H: Your Co | debtors | | | 12/15 |
| 1. Do you ha | | rou are filing a joint case, do | | , | |
| | | exico, Puerto Rico, Texas, W | | | tes and territories include Arizona, California, |
| ✓ No. | Go to line 3. | | | | |
| Yes | . Did your spouse, form | er spouse, or legal equiva | lent live with you at the | e time? | |
| | No | | | | |
| | Yes. In which commun | ity state or territory did yo | ı live? | Fill in the name and cu | urrent address of that person. |
| | Name of your spouse, | former spouse, or legal equ | ivalent | | |
| | Number Street | | | | |
| | City | State | Zip (| Code | |
| | n 1, list all of your code | - | • | | th you. List the person shown in line 2 |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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| Fill in this inf | formation to identify | your case: | | - | | | |
|-----------------------------------|---|---|--------------------------|-------------------|-------------------|---|----------------|
| Debtor 1 | Kimberly First Name | Middle Name | Brads Last N | | Che | ock if this is: | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last N | ame | - I 🗀 | An amended filing | |
| United States the: Case number | Bankruptcy Court for | Northern | _ District of Illi (S | nois State) | | A supplement showing expenses as of the follo | |
| (lf known) | | | | | _ | MM / DD / YYYY | |
| Official | Form 106I | | | | | | |
| Schedu | le I: Your In | come | | | | | 12/ |
| spouse. If mo number (if kr | | • | | | | | |
| Fill in you information | r employment | | Debtor 1 | | | Debtor 2 | |
| If you have attach a se | e more than one job, eparate page with n about additional | Employment status | Emplo | yed mployed | | Employed Not Employed | |
| employers | | Occupation | social wor | ker | | <u> </u> | |
| self-emplo | ırt time, seasonal, or yed work. | Employer's name | | Opportunities Fo | r Women | <u> </u> | |
| • | n may include student aker, if it applies. | Employer's address | 1607 W H Number Str | | | Number Street | |
| | | | Chicago City | Illinois State | 60626 Zip Code | City | State Zip Code |
| | | How long employed there? | 3 years 8 r | months | | | _ |
| Part 2: Giv | ve Details About N | Ionthly Income | | | | | |
| spouse unles If you or you | ss you are separated. | he date you file this form e more than one employer, et to this form. | • | information for | | • | , |
| | | ary, and commissions (befo calculate what the monthly | | 2. | \$3,230.00 | | _ |
| | e and list monthly over | | | 3. | + \$0.00 | | _ _ |
| 4. Calcula | te gross income. Add li | ne 2 + line 3. | | 4. | \$3,230.00 | | |

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| Pirst Name Middle Name | Bradshaw Last Name | Case number | (if | | | |
|---|------------------------------|------------------------|-----------------------------------|--|--|--|
| THIST NAME WHICH INTO THE | Last Name | known) For Debtor 1 | For Debtor 2 or non-filing spouse | | | |
| Copy line 4 here | → 4. | \$3,230.00 | | | | |
| 5. List all payroll deductions: | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$662.46 | | | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | | | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | | | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | | | | |
| 5e. Insurance | 5e. | \$152.10 | | | | |
| 5f. Domestic support obligations | 5f. | \$0.00 | | | | |
| 5g. Union dues | 5g. | \$0.00 | | | | |
| 5h. Other deductions. Specify: | _ | \$0.00 + | | | | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5c + 5h. | | \$814.56 | | | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 | from line 4. 7. | \$2,415.44 | | | | |
| 8. List all other income regularly received: | | | | | | |
| 8a. Net income from rental property and from operati business, profession, or farm | | | | | | |
| Attach a statement for each property and business she gross receipts, ordinary and necessary business expert the total monthly net income. | | \$0.00 | | | | |
| 8b. Interest and dividends | 8b. | \$0.00 | | | | |
| 8c. Family support payments that you, a non-filing sp dependent regularly receive | ouse, or a | | | | | |
| Include alimony, spousal support, child support, mair divorce settlement, and property settlement. | ntenance, 8c. | \$0.00 | | | | |
| 8d. Unemployment compensation | 8d. | \$0.00 | | | | |
| 8e. Social Security | 8e. | \$0.00 | | | | |
| 8f. Other government assistance that you regularly re Include cash assistance and the value (if known) of an cash assistance that you receive, such as food stamps under the Supplemental Nutrition Assistance Program) housing subsidies Specify: | y non- s (benefits | \$0.00 | | | | |
| 8g. Pension or retirement income | 8g. | \$0.00 | | | | |
| 8h. Other monthly income. Specify: See attached | 8h. + | \$1,057.53 + | | | | |
| 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + | + 8f +8g + 8h. 9. | \$1,057.53 | | | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or no | 10. n-filing spouse | \$3,472.97 + | = | \$3,472.97 | | |
| State all other regular contributions to the expenses Include contributions from an unmarried partner, member friends or relatives. Do not include any amounts already included in lines 2-1 | rs of your household, your | dependents, your roomm | | | | |
| Specify: | | | 1 | 1. + \$0.00 | | |
| 12. Add the amount in the last column of line 10 to the a Write that amount on the Summary of Schedules and Sta | | | | 2. \$3,472.97 Combined monthly income | | |
| 13. Do you expect an increase or decrease within the year. No. | ear after you file this forn | 1? | | | | |
| Yes. Explain: | | | | | | |

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| Debtor 1Kimberly | | Bradsha | W | Case number (if | | | |
|--------------------------|-------------------|-----------------|----------|-----------------|-------|----------|--|
| First Name | Middle Name | Last Nam | ne | known) | | | |
| Part 1: Describe Employm | ent | | | | | | |
| | Debtor 1 | | | Debtor 2 | | | |
| Employment status | ✓ Employed | | | Employed | | | |
| | Not Employed | | | Not Employed | | | |
| Occupation | Social Worker | | | | | | |
| Employer's name | Bethany Homes ar | nd Methodist Ho | spital | | | | |
| Employer's address | 5025 N Paulina St | | | | | | |
| | Number Street | | | Number Street | | | |
| | | | | | | | |
| | Chicago | Illinois | 60640 | | | | |
| | City | State | Zip Code | City | State | Zip Code | |
| How long employed there? | 3 years 8 months | <u></u> | | | | | |

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Debtor 1Kimberly Bradshaw Case number (if First Name Middle Name Last Name known) Part 2: **Give Details About Monthly Income** Official Form 106I. Additional page. For Debtor 2 or For Debtor 1 non-filing spouse 8h.Other monthly income. Specify: 1. Bethany Homes and Methodist Hospital \$1,057.53

Official Form 106l Schedule I: Your Income page 4

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| | | Docu | iment Page 38 of 88 | | | |
|------------------------------------|--|---|--|-------------------------------------|------------------------|------------------------------|
| Fill in this infor | mation to identify your o | case: | | | | |
| Debtor 1 | Kimberly | | Bradshaw | | | |
| Debtor 2 | First Name | Middle Name | Last Name | Check if this is: | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | An amended filing | 3 | |
| United States E | Bankruptcy Court for the: | Northern [| District of Illinois (State) | A supplement she expenses as of the | | petition chapter 13 late: |
| Case number (If known) | | | (Citate) | MM / DD / YYYY | | |
| Official | Form 106J | | | | | |
| | e J: Your Exp | enses | | | | 12/15 |
| information. If (if known). Ans | | attach another sheet to this | re filing together, both are equally form. On the top of any additiona | | | |
| 1. Is this a joi | | | | | | |
| ✓ No. Go | o to line 2 | | | | | |
| | oes Debtor 2 live in a se | eparate household? | | | | |
| . ا | ■ No | • | | | | |
| | _ | e Official Forms 106J-2, <i>Exper</i> i | nses for Separate Household of Debt | or 2. | | |
| 2. Do you hav | re dependents? | · | <u> </u> | | | |
| Do not list Debtor 2. | Debtor 1 and | es. Fill out this information for ach dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does depe with you? | ndent live |
| | penses include f people other ✓ No | 0 | | | | |
| than | - Postpro samo: | | | | | |
| yourself an dependent | u youi | 55 | | | | |
| Part 2: Esti | mate Your Ongoing I | Monthly Expenses | | | | |
| | of a date after the bank | | rou are using this form as a supploplemental Schedule J, check the | | - | |
| | | ash government assistance t on Schedule I: Your Income | | | , | Your expenses |
| | I or home ownership ex or the ground or lot. 4. | penses for your residence. In | clude first mortgage payments and | | 4. | \$1,100.00 |
| If not inc | luded in line 4: | | | | | |
| | state taxes | | | | 4a | \$0.00 |
| 4b. Prope | rty, homeowner's, or rent | er's insurance | | | 4b. | \$0.00 |

4c.

4d.

\$0.00

\$0.00

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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| 5. Additional mortgage payments for your residence, such as home equity loans 5. \$0.00 6. Utilities: 6a. Electricity, heat, natural gas 6a. \$250,00 6b. Walter, sewer, gurbage collection 6b. \$0.00 6c. Toliphone, coll phone, Inturnet, satellite, and cable services 6c. \$300,00 6c. Older, Spoodly: 6d. \$0.00 7. Food and housekeeping supplies 7. \$332,00 8. Childcare and children's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$100,00 10. Personal care products and services 11. \$100,00 11. Medical and dental expenses 11. \$100,00 12. Transportation, include gas, maintenance, bus or frain fare. 12. \$300,00 Do not include car payments 14. \$400,00 15. International ment, clubs, recreation, newspapers, magazines, and books 14. \$400,00 16. Charitable contributions and religious donations 14. \$400,00 15. Health insurance 15a \$300,00 15. Whitche insurance 15a \$300,00 | First Name | Middle Name Last Name | | |
|---|----------------------------------|---|-----|---------------|
| Secues S | | | | Your expenses |
| 6a. Electricity, heat, natural gas 6a. \$250.00 6b. Water, sewer, garbage collection 6b. \$0.00 6c. Telephone, old phone, internet, satellities, and cable services 6c. \$300.00 6d. Other. Specify: 6d \$0.00 7. Food and housekeeping supplies 7. \$332.00 8. Childcare and children's education costs 9. \$100.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$100.00 11. Medical and dental expenses 11. \$100.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$300.00 Do not include acr payments 13. \$0.00 14. Charitable contributions and religious donations 14. \$40.00 15. Instrationment, clubs, recreation, newspapers, magazines, and books 15. \$300.00 15. Instration include insurance 15. \$300.00 15. Instration include such such acreases and properties of training the such acreases and properties of trainin | 5. Additional mortgage paym | ents for your residence, such as home equity loans | 5. | \$0.00 |
| 6b. Water, sewer, garbage collection 6b. \$0.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$300.00 6d. Other, Specity: 7. \$332.00 7. Food and housekceping supplies 7. \$332.00 8. Childcare and children's education costs 8. \$0.00 9. Citothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$100.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$300.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$40.00 15. Insurance. 15. \$30.00 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a. \$30.00 15c. Vehicle insurance 15a \$0.00 15c. Vehicle insurance 15a \$0.00 15c. Vehicle insurance 15a \$0.00 15c. Taxes, Do not include taxes deducted from your pay or included i | 6. Utilities: | | | |
| 6c. Telephone, cell phone, Intermet, satellite, and cable services 6c. \$300.00 6d. Other, Specilly: 6d. \$0.00 7. Food and housekeeping supplies 7. \$332.00 8. Childcare and children's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$100.00 11. Medical and dental expenses 12. \$300.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$300.00 14. Charitable contributions and religious donations 13. \$40.00 15. Insurance. 15. \$30.00 15. Lete insurance 156 \$30.00 15. Lete insurance 156 \$10.00 15c. Vehicle insurance 15c \$10.00 15c. Vehicle insurance. 15c \$10.00 15c. Vehicle insurance. 15c \$10.00 15c. Vehicle insurance. \$15c \$10.00 15c. Vehicle insurance. \$15c \$10.0 | 6a. Electricity, heat, natural g | gas | 6a. | \$250.00 |
| 6d. Other. Specify: 6d \$0.00 7. Food and housekeeping supplies 7. \$332.00 8. Childcare and children's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$100.00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$300.00 Do not include car payments 13. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$40.00 15. Insurance. 15 \$30.00 15. Insurance deducted from your pay or included in lines 4 or 20. 15 \$0.00 15. Health insurance 15 \$0.00 15. Health insurance 15 \$0.00 15. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 17. Installment or lease payments: 17 | 6b. Water, sewer, garbage of | ollection | 6b. | \$0.00 |
| 7. Food and housekeeping supplies 7. \$332.00 8. Childcare and childcare's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$100.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$300.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$40.00 15. Insurance. 15s \$0.00 15. Insurance on include insurance deducted from your pay or included in lines 4 or 20. 15s \$0.00 15c. Vehicle insurance 15s \$0.00 15c. Vehicle insurance. Specify: 15c \$10.00 15c. Vehicle insurance. Specify: 15c \$0.00 15c. Vehicle insurance. Specify: 15c | 6c. Telephone, cell phone, I | nternet, satellite, and cable services | 6c. | \$300.00 |
| 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 11. \$100.00 11. Medical and dental expenses 11. \$100.00 11. Medical and dental expenses 11. \$100.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. Installment or lease payments 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 1 | 6d. Other. Specify: | | 6d | \$0.00 |
| 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$100.00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$300.00 Do not include car payments 13. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 15. \$0.00 15. Insurance. 155 \$30.00 15. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$30.00 15c. Vehicle insurance 15c. \$170.00 15c. Vehicle insurance 15c. \$170.00 15c. Vehicle insurance. Specify | 7. Food and housekeeping su | pplies | 7. | \$332.00 |
| 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$100.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$300.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$40.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. Life insurance 15a. \$30.00 15b. Health insurance 15b. \$50.00 15c. Vehicle insurance 15c. \$170.00 15c. Vehicle insurance. Specify: 15d. \$0.00 16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 \$pecify: 15c. \$170.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 \$pecify: 15c. \$170.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 17. Installment or lease payments: 17a \$0.00 17b. Car payments for Vehicle 1 17a \$0.00 17c. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: | 8. Childcare and children's e | ducation costs | 8. | \$0.00 |
| 11. Medical and dental expenses 11. \$10.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$300.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$40.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$30.00 15b. Health insurance 15c. \$170.00 \$0.00 15c. Vehicle insurance. Specify: 15d. \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 \$pecify: 15d. \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 17c. Installment or lease payments. 17a \$0.00 | 9. Clothing, laundry, and dry | cleaning | 9. | \$100.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$300.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$40.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$30.00 15b. Health insurance 15b \$0.00 15c. Vehicle insurance 15c \$170.00 15c. Vehicle insurance 15c \$170.00 15c. Vehicle insurance 15c \$170.00 15d. Other insurance. Specify: 15d \$0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15c \$0.00 17. Installment or lease payments: 16 \$0.00 17. Installment or lease payments: 17a \$0.00 17b. Car payments for Vehicle 1 17a \$0.00 17c. Other. Specify: 17c \$0.00 17c. Other. Specify: 17c \$0.00 18. Your payments for id alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 20d. 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 20d. 20d | 10. Personal care products a | nd services | 10. | \$100.00 |
| Do not include ar payments 13. 13. 13. 13. 13. 13. 13. 13. 13. 13. 14. 14. 14. 14. 14. 15. | 11. Medical and dental exper | nses | 11. | \$100.00 |
| 14. Charitable contributions and religious donations 14. \$40.00 15. Insurance. 30.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$30.00 15b. Health insurance 15b. \$30.00 15c. Vehicle insurance 15c. \$170.00 15c. Vehicle insurance. Specify: 15d. \$50.00 \$50.00 16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$9.00 \$9.00 17. Installment or lease payments: 16 \$0.00 17. Installment or lease payments for Vehicle 1 17a. \$50.00 \$0.00 17b. Car payments for Vehicle 2 17b. \$50.00 \$0.00 17c. Other. Specify: 17c. \$0.00 \$0.00 17c. Other. Specify: 17c. \$0.00 \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$9.00 Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$0.00 20b. Real estate taxes. 20b. \$0.00 20c. Property, | - | | 12. | \$300.00 |
| 15. Insurance. | 13. Entertainment, clubs, rec | reation, newspapers, magazines, and books | 13. | \$0.00 |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$30.00 15b. Health insurance 15b \$0.00 15c. Vehicle insurance 15c \$170.00 15d. Other insurance. Specify: 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16 \$0.00 17. Installment or lease payments: 16 \$0.00 17b. Car payments for Vehicle 1 17a \$0.00 17c. Other. Specify: 17c \$0.00 17d. Other. Specify: 17c \$0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 108I). 18. \$0.00 18. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 20d. Maintenance, repair, and upkeep expenses. | 14. Charitable contributions | and religious donations | 14. | \$40.00 |
| 15b. Health insurance 15b \$0.00 15c. Vehicle insurance 15c \$170.00 15d. Other insurance. Specify: | | ducted from your pay or included in lines 4 or 20. | | |
| 15c. Vehicle insurance | 15a. Life insurance | | 15a | \$30.00 |
| 15d. Other insurance. Specify: | 15b. Health insurance | | 15b | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 15c. Vehicle insurance | | 15c | \$170.00 |
| Specify: | 15d. Other insurance. Specif | fy: | 15d | \$0.00 |
| 17. Installment or lease payments: 17a \$0.00 17b. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: 17c \$0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | 16. Taxes. Do not include taxes | s deducted from your pay or included in lines 4 or 20. | | |
| 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. S0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | Specify: | | 16 | \$0.00 |
| 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. So.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20b. So.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | 17. Installment or lease paym | nents: | 10 | |
| 17c. Other. Specify: | 17a. Car payments for Vehic | ele 1 | 17a | \$0.00 |
| 17d. Other. Specify: | 17b. Car payments for Vehic | cle 2 | 17b | \$0.00 |
| 17d. Other. Specify: | 17c. Other. Specify: | | 17c | \$0.00 |
| your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$0.00 20b. Real estate taxes. 20c. \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. | | | 17d | \$0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$0.00 20b. Real estate taxes. 20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | | | | \$0.00 |
| Specify: | | , | 18. | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20b. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | | e to support others who do not live with you. | 10 | Ф0.00 |
| 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00 | | ses not included in lines 4 or 5 of this form or on Schedule I: Your Income | 19. | |
| 20b. Real estate taxes. 20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | | | 20a | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | | | | |
| 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | 20c. Property, homeowner's | s, or renter's insurance | | |
| | | | | |
| | 20e. Homeowner's associati | ion or condominium dues | 20e | \$0.00 |

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| Debtor 1 | Kimberl | y | | Bradshaw | Case number (if known) | | | |
|----------|---|-----------------------|---------------------------|--|------------------------|-----|---|------------|
| | First Nar | me | Middle Name | Last Name | | | | |
| 21.Other | r. Specif | fy: | | | | 21 | _ | \$0.00 |
| 22 Colo | uloto w | our monthly expens | | | | | | |
| | • | | 565. | | | | | \$2,822.00 |
| | | s 4 through 21. | (D. h 0) '(| (Official Faces 400 L0 | | | | \$0.00 |
| | | | ** | from Official Form 106J-2 | | | | \$2,822.00 |
| | | | esult is your monthly exp | enses. | | 22. | | |
| 23.Calcu | ılate yo | our monthly net inc | ome. | | | | | |
| 23a. (| 23a. Copy line 12 (your combined monthly income) from Sch | | | Schedule I. | | 23a | | \$3,472.97 |
| 23b. (| 23b. Copy your monthly expenses from line 22 above. | | | | | 23b | | \$2,822.00 |
| 23c. 9 | Subtract | your monthly exper | nses from your monthly i | ncome. | | | | \$650.97 |
| | The resu | ult is your monthly n | net income. | | | 23c | | |
| mort | | | | oan within the year or do yo nodification to the terms of | | | | |
| | | | | | | | | |

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| Debtor 1 | Kimberly | Bradshaw | | |
|---------------------|---------------------------|-------------|----------------------|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | |
| | | | (State) | |
| Case number | | | | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below | | | | | | | |
|-----|--|--|--|--|--|--|--|--|
| | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | |
| | ✓ No | | | | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and | | | | | | |
| × | /s/ Kimberly Bradshaw | × | | | | | | |
| | Signature of Debtor 1 | Signature of Debtor 2 | | | | | | |
| | Date 9/18/2018 | Date | | | | | | |
| | MM/DD/YYYY | MM/DD/YYYY | | | | | | |

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| Fill in | n this info | ormation to identify your | case: | | | | | |
|-----------------|--------------------------|---|---------------------|------------------------|------------------------|-------------|----------|----------------------------|
| Deb | tor 1 | Kimberly | | Brac | Ishaw | | | |
| Date | 10 | First Name | Middle I | Name Last | Name | | | |
| | tor 2 use, if filing) | First Name | Middle I | Name Last | Name | | | |
| Unit | ed States | Bankruptcy Court for the: | Northern | District of | Illinois | | | |
| Case (If kno | e number | | | | (State) | | | |
| | | Farma 107 | | | | | | Check if this is a |
| | | Form 107 | | | | | | amended filing |
| | | ent of Financia | | | | | | 04/1 |
| infor | mation. | ete and accurate as po If more space is need nown). Answer every o | ed, attach a sep | | | | | |
| Pari | Giv | e Details About Your | Marital Status | and Where You L | ived Before | | | |
| 1. | What is | s your current marital st | atus? | | | | | |
| | Пм | arried | | | | | | |
| | | ot married | | | | | | |
| 2. | During | the last 3 years, have y | ou lived anywher | e other than where y | ou live now? | | | |
| | ✓ No | 0 | | | | | | |
| | | es. List all of the places y | ou lived in the las | t 3 years. Do not incl | ude where you live I | now. | | |
| | De | ebtor 1: | | Dates Debtor 1 liv | ed Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | | Same as | s Debtor 1 | | Same as Debtor 1 |
| | N. | and a Charle | | From | N | | | From |
| | - NU | umber Street | | To | Number Stre | | | То |
| | | | | | | | | |
| | Ci | ty State | Zip Code | | City | State | Zip Code | Danie de Baltimat |
| | | | | | Same as | s Debtor 1 | | Same as Debtor 1 |
| | Nı | umber Street | | From | Number Stre | eet | | From |
| | _ | | | To | | | | To |
| | | | | | | | | |
| | Ci | ty State | Zip Code | | City | State | Zip Code | |
| 3. | and territ | he last 8 years, did you e fories include Arizona, Calif . Make sure you fill out S | omia, Idaho, Louis | siana, Nevada, New Me | exico, Puerto Rico, Te | | | nmunity property states |

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Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and (before deductions and Check all that apply. exclusions) exclusions) Wages, $\overline{\mathbf{A}}$ Wages, \$39000.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$51300.00 For last calendar year: commissions, commissions, (January 1 to December 31, 2017 bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$32000.00 For the calendar year before that: commissions, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips YYYY Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2017 YYYY For the calendar year before that: (January 1 to December 31, 2016

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Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment Dates of payment Total amount paid Amount you still owe for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City Suppliers or State Zip Code

vendors
Other

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| | 1 Kimberly | | | | adshaw | Case number | (if known) |
|------------------|--|---|---|--|---|---|--|
| | First Name | | Middle Name | Las | t Name | | |
| nsi orp ge | iders include your re porations of which | elatives; an you are an or a busine | ny general partners n officer, director, p ess you operate as | s; relatives of any person in control, | general partners; parti or owner of 20% or | nerships of which y more of their voting | who was an insider? you are a general partner; g securities; and any managing c domestic support obligations, |
| ✓ | No | | | | | | |
| | Yes. List all paym | nents to a | n insider. | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City S | State | Zip Code | | | | |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City S | State | Zip Code | | | | |
| | der? ude payments on d | lebts guar | | al le como de adulación | | | |
| | No Yes. List all paym | nents that | _ | | Total amount paid | Amount you still owe | Reason for this payment |
| | Yes. List all paym | nents that | _ | ider. Dates of | | - | Reason for this payment Include creditor's name |
| | Yes. List all paym | nents that | _ | ider. Dates of | | - | |
| | Yes. List all paym | nents that | _ | ider. Dates of | | - | |
| | Yes. List all paym Insider's Name Number Street | nents that | _ | ider. Dates of | | - | |
| | Yes. List all paym Insider's Name Number Street | | benefited an ins | ider. Dates of | | - | |
| | Insider's Name Number Street City | | benefited an ins | ider. Dates of | | - | |
| | Insider's Name Number Street City Insider's Name Number Street | | benefited an ins | ider. Dates of | | - | |

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Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed.

City

State

Zip Code

Property was garnished.

Property was attached, seized, or levied.

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| Debt | tor 1 Kimberly | Bradshaw | Case number (if known) | |
|------|--|-----------------------------|--|------------------------|
| | First Name Middle Name | Last Name | | |
| 11. | accounts or refuse to make a payment because you | | ank or financial institution, set off any am | ounts from your |
| | ✓ No ☐ Yes. Fill in the details. | | | |
| | | Describe the action the | e creditor took Date action was taken | Amount |
| | Creditor's Name | | | |
| | Number Street | | | |
| | | Last 4 digits of account r | number: XXXX- | |
| | City State Zip Code | | | |
| 12 | Within 1 year before you filed for bankruptcy, was an | ny of your property in the | possession of an assignee for the benefit o | of creditors, a court- |
| | appointed receiver, a custodian, or another official? | | social or an assigned for the solicities | r crountors, a court |
| | No You | | | |
| | Yes | | | |
| Part | 5: List Certain Gifts and Contributions | | | |
| 13. | Within 2 years before you filed for bankruptcy, did y | ou give any gifts with a to | otal value of more than \$600 per person? | |
| | ✓ No Yes. Fill in the details for each gift. | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | | | | _ |
| | Person to Whom You Gave the Gift | | | |
| | Number Street | | | |
| | City State Zip Code | | | |
| | Person's relationship to you | | | |
| | Person to Whom You Gave the Gift | | | |
| | - 5.5011 to Whom You dave the dift | | | |
| | Number Street | | | |
| | City State Zip Code Person's relationship to you | | | |
| | | | | |

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| | Kimberly | Bradshaw Case number (if ki | nown) | |
|----------|--|--|-----------------------|--------------------|
| | First Name Middle Name | Last Name | | |
| | | | | |
| . Wi | thin 2 years before you filed for bankruptcy, di | d you give any gifts or contributions with a total valu | e of more than \$600 | to any charity? |
| ✓ | No | | | |
| Ë | Yes. Fill in the details for each gift or contribut | tion | | |
| _ | - | | | |
| | Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
| | that total more than \$600 | | contributed | |
| | | _ | | |
| | Charity's Name | | | |
| | | _ | | |
| | | | | |
| | Number Street | | | |
| | | _ | | |
| | City State Zip Code | | | |
| | List Certain Losses | | | |
| t 6: | List Gertain Losses | | | |
| | | | | |
| | nin 1 year before you filed for bankruptcy or si nbling? | ince you filed for bankruptcy, did you lose anything b | ecause of theπ, fire, | otner disaster, or |
| yaı | mbinig: | | | |
| ✓ | No | | | |
| П | Yes. Fill in the details. | | | |
| | Describe the property you lost and | Describe any insurance coverage for the loss | Date of your | Value of property |
| | how the loss occurred | Include the amount that insurance has paid. List | loss | lost |
| | | pending insurance claims on line 33 of Schedule | | |
| | | A/B: Property. | | |
| | | | | |
| | | | | |
| ✓ | No Yes. Fill in the details. | or credit counseling agencies for services required in you | .,, | |
| | res. I ill ill the details. | | | |
| | | | _ | |
| | | Description and value of any property | Date payment | Amount of |
| | | Description and value of any property transferred | or transfer | Amount of payment |
| | | | | |
| | Person Who Was Paid | | or transfer | |
| | Person Who Was Paid | | or transfer | |
| | Person Who Was Paid Number Street | | or transfer | |
| | | | or transfer | |
| | | | or transfer | |
| | Number Street | | or transfer | |
| | | | or transfer | |
| | Number Street | | or transfer | |
| | Number Street City State Zip Code Email or website address | | or transfer | |
| | Number Street City State Zip Code | | or transfer | |
| | Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You | | or transfer | |
| | Number Street City State Zip Code Email or website address | | or transfer | |
| | Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid | | or transfer | |
| | Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You | | or transfer | |
| | Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid | | or transfer | |
| | Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street | | or transfer | |
| | Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid | | or transfer | |
| | Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code | | or transfer | |
| | Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street | | or transfer | |
| | Number Street City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code | | or transfer | |

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| ebtor 1 | Kimberly | | Bradshaw Cas | se number (if known) | | |
|---------|--|------------------------|---|---------------------------------------|-------------------------------------|------------------------------|
| | First Name | Middle Name | Last Name | | | |
| hel | p you deal with your cred not include any payment o No | litors or to make paym | | If pay or transfer a | any property to anyo | one who promised t |
| | Yes. Fill in the details. | | | | | |
| | | | Description and value of any proper transferred | erty | Date A payment or transfer was made | mount of payment |
| | Person Who Was Paid | | | | | |
| | Number Street | | | | | |
| | | | | | | |
| | City State | Zip Code | | | | |
| | No Yes. Fill in the details. | | Description and value of property transferred | Describe any payments rec in exchange | property or eived or debts paid | Date transfer was made |
| | Person Who Received Tra | ansfer | | | | |
| | City State Person's relationship to y | Zip Code ou | | | | |
| | Person Who Received Tra | ansfer | | | | |
| | Number Street | | | | | |
| | City State Person's relationship to y | Zip Code ou | | | | |
| ber | hin 10 years before you fineficiary? ese are often called asset-p No Yes. Fill in the details. | | d you transfer any property to a self-se | ttled trust or simil | ar device of which | you are a |
| Ц | . 30. i iii ii i ii detalis. | | Description and value of the prop | erty transferred | | Date transfer was made |
| | Name of trust | | | | | |

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Debtor 1 Kimberly Bradshaw Case number (if known) First Name Middle Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name

City

Number Street

State

Number

Citv

Zip Code

Street

State

7in Code

Yes

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Debtor 1 Kimberly Bradshaw Case number (if known)
First Name Middle Name Last Name

Part 9: Identify Property You Hold or Control for Someone Else

| Ğ Y | Ves. Fill in the details. | Whore is the manager. | | |
|-----------|---|--|------------------------------------|----------------|
| - - | | Whose is the average? | | |
| | Owner's Name | Where is the property? | Describe the contents | Value |
| _ | | NumberStreet | | |
| N | | Number offeet | | |
| | Number Street | | | |
| _ | | City State Zip Code | | |
| | City State Zip Code | • | | |
| rt 10: 0 | Give Details About Environmental In | nformation | | |
| the pur | pose of Part 10, the following definitions ap | pply: | | |
| inclu | uding statutes or regulations controlling the | erial into the air, land, soil, surface water, ground cleanup of these substances, wastes, or material | al. | |
| | means any location, facility, or property as our sed to own, operate, or utilize it, including of | defined under any environmental law, whether y disposal sites. | ou now own, operate, or utilize it | |
| | | mental law defines as a hazardous waste, hazard | dous substance, | |
| | c substance, hazardous material, pollutant, | contaminant, or similar term. know about, regardless of when they occurred. | | |
| · · | lo 'es. Fill in the details. | | | |
| | | Governmental unit | Environmental law, if you know it | Date of notice |
| N | Name of site | Governmental unit | | |
| N | Number Street | NumberStreet | | |
| - | | City State Zip Code | | |
| | | | | |
| ō | City State Zip Code | | | |
| | City State Zip Code you notified any governmental unit of an | ry release of hazardous material? | | |
| 5. Have | you notified any governmental unit of an | y release of hazardous material? | | |
| 5. Have y | | ny release of hazardous material? | | |
| i. Have y | you notified any governmental unit of an | y release of hazardous material? Governmental unit | Environmental law, if you know it | Date of |
| i. Have y | you notified any governmental unit of an lo 'es. Fill in the details. | Governmental unit | Environmental law, if you know it | Date of notice |
| i. Have y | you notified any governmental unit of an | | Environmental law, if you know it | |
| 5. Have y | you notified any governmental unit of an lo 'es. Fill in the details. | Governmental unit | Environmental law, if you know it | |

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| Deb | | Kimberly | | | | radshaw | Ca | se number (i | f known) | | |
|------|----------|----------------------------|-----------------|---------------------------------|--------------|---------------|--|---------------|------------------------------|--------------|--------------------|
| | | First Name | , <u> </u> | Middle Name | La | st Name | | | | | |
| 26. | Hav | e you been a party | y in any judici | al or administi | rative proce | eding under | any environme | ental law? In | nclude settlemen | ts and order | rs. |
| | | No Yes. Fill in the det | tails. | | | | | | | | |
| | | | | | Court or ag | ency | | Nature | of the case | | Status of the case |
| | | Case title | | | Court Name | 1 | | | | | Pending |
| | | Case number | | | NumberStre | et | | | | | On appeal |
| | | | | | City | State | Zip Code | | | | Concluded |
| Part | 11: | Give Details Ab | oout Your Bu | usiness or Co | onnections | s to Any Bu | siness | | | | |
| 27. | Witl | nin 4 years before | you filed for b | ankruptcy, did | d you own a | business or | have any of the | following o | connections to ar | ny business? | • |
| | | | a limited liabi | - | - | | r activity, either artnership (LLP) | - | part-time | | |
| | | | | aging executive the voting or e | - | | poration | | | | |
| | ✓ | No. None of the a | | | | | | | | | |
| | | Yes. Check all that | at apply abov | e and fill in the | | | | | | | |
| | | | | | Desc | ribe the nati | ure of the busin | ess | Employer Iden include Social | | |
| | | Business Name | | | _ | | | | EIN: | | |
| | | Number Street | | | Name | e of account | ant or bookkee | per | Dates busines | s existed | |
| | | City | State | Zip Code | | | | | From | To | |
| | | | | | Desc | ribe the natu | ure of the busin | ess | Employer Iden include Social | | |
| | | Business Name | | | _ | | | | EIN: | | |
| | | Number Street | | | Name | e of account | ant or bookkee | per | Dates busines | s existed | |
| | | City | State | Zip Code | _ | | | P 0. | From | To | |
| | | | | | | | | | | | |
| | | | | | Desc | ribe the natu | ure of the busin | ess | Employer Iden include Social | | |
| | | Business Name | | | _ | | | | EIN: | | |
| | | Number Street | | | — Name | e of account | ant or bookkee | per | Dates busines | s existed | |
| | | City | State | Zip Code | _ | | | | From | To | |
| | | | | | | | | | | | |

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| Deb | tor 1 | Kimberly | | | Bradshaw | Case number (if known) |
|-------------|----------|----------------------------|-------------------|---|---|--|
| | | First Name | | Middle Name | Last Name | |
| 28. | | ditors, or othe | - | r bankruptcy, did you | ı give a financial statement | to anyone about your business? Include all financial institutions, |
| | ш | 103.11111111 | c details below. | | | |
| | | | | | Date issued | |
| | | Name | | | MM/DD/YYYY | |
| | | Number Sti | root | | | |
| | | Number Su | reet | | | |
| | | City | State | Zip Code | | |
| | | | | 2.6 0000 | | |
| Part | 12: | Sign Below | / | | | |
| t | rue a | and correct. I | understand tha | t making a false stat nes up to \$250,000, o | ement, concealing property r imprisonment for up to 20 | ts, and I declare under penalty of perjury that the answers are , or obtaining money or property by fraud in connection with years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | Si | gnature of Debto | | | Signature of Debtor 2 |
| | | | g | | | Date |
| | | D | ate 9/18/2018 | | | Duito |
|]]] | <u>√</u> | ou attach add lo 'es | litional pages to | Your Statement of F | iinancial Affairs for Individua | als Filing for Bankruptcy (Official Form 107)? |
| | _ ` | | ee to pay somed | ne who is not an atto | orney to help you fill out bar | kruptcy forms? |
| [| <u> </u> | lo | | | | |
| | □ , | es. Name of p | erson | | | Attach the Bankruptcy Petition Preparer's Notice, |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | Northern D | istrict of Illinois | |
|------|---|--|---------------------------------|
| n re | Kimberly Bradshaw | Case No. | |
| _ | Debtor | | (If known) |
| | | Chapter | Chapter 13 |
| | DISCLOSURE OF COMPENSAT | TION OF ATTORNEY F | OR DEBTOR |
| 1 | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of rendered or to be rendered on behalf of the debtor(s) in cont | f the petition in bankruptcy, or agreed to | be paid to me, for services |
| | For legal services, I have agreed to accept | | \$4,000.00 |
| | Prior to the filing of this statement I have received | | \$350.00 |
| | Balance Due | | \$3,650.00 |
| 2 | 2. The source of the compensation paid to me was: | | |
| | ✓ Debtor Other (spe | ecify) | |
| 3 | 3. The source of the compensation paid to me is: | | |
| | ✓ Debtor Other (spe | ecify) | |
| 4 | I. I have not agreed to share the above-disclosed compensements and associates of my law firm. | sation with any other person unless they | y are |
| | I have agreed to share the above-disclosed compensation members or associates of my law firm. A copy of the agreed the people sharing in the compensation, is attached. | | |
| 5 | 5. In return for the above-disclosed fee, I have agreed to render | r legal service for all aspects of the bankı | ruptcy case, including: |
| | a. Analysis of the debtor's financial situation, and rend bankruptcy; | ering advice to the debtor in determining | g whether to file a petition in |
| | b. Preparation and filing of any petition, schedules, sta | tements of affairs and plan which may b | e required; |
| | c. Representation of the debtor at the meeting of credit | ors and confirmation hearing, and any a | djourned hearings thereof; |
| | d. Representation of the debtor in adversary proceeding | gs and other contested bankruptcy matt | ers; |
| 6 | 6. By agreement with the debtor(s), the above-disclosed fee do | es not include the following services: | |
| | | | |
| | CERT | TIFICATION | |
| | I certify that the foregoing is a complete statement of any agreator(s) in this bankruptcy proceedings. | eement or arrangement for payment to m | e for representation of the |
| | 9/18/2018 | /s/ Timothy Mazur | |
| | Date | Signature of Attorney | |
| | | Semrad Law Firm | |
| | | Name of law firm | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor:
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$43.23 for expenses, leaving a balance due of \$4,003.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| 9/12/2018 | |
|----------------|-----------------------------|
| | |
| perly Bradshaw | |
| | /s/ Timothy Mazur |
| s) | Attorney for Debtor(s) |
| | 9/12/2018 berly Bradshaw |

Do not sign if the fee amounts at top of this page are blank.

THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Re: Agreement Regarding Priority Treatment of The Semrad Law Firm LLC's Fees and Expenses

Dear Kimberly Bradshaw ,

Thank you for choosing The Semrad Law Firm LLC (the Firm) to represent you in connection with your Chapter 13 bankruptcy case. In addition to the terms contained in the Court Approved Retention Agreement (CARA) it is our policy to confirm in writing how and when the Firm's fees and expenses will be paid. If there are any terms contained in this document that are in conflict with CARA, those terms are void.

Aside from any initial retainer that you pay the Firm, you will be required to pay the Firm's fees and expenses through the Chapter 13 plan after it is approved by the Bankruptcy Court. Each month, you will pay the Trustee the amount stated in your Chapter 13 plan. The Trustee will then disburse that money out according to the provisions of your plan to the Firm and other creditors.

The model Chapter 13 plan gives fourth priority to attorneys' fees, after the Trustee's fees, current mortgage payments, and payments to secured creditors listed in Section 3.1, 3.2, or 3.3 (for example, payments due to lenders on a loan to purchase a car, furniture, appliance or other item of personal property). The Firm intends to alter this priority scheme by modifying the model Chapter 13 plan to provide for payment of the Firm's attorney's fees and costs before any payments are made to your other creditors. That means that the money you send to the Trustee each month will first be paid to the Firm and not to pay the claims of your other creditors until the Firm's fees and expenses are paid in full. Such claims of other creditors include your car note, other financed personal property, parking tickets, taxes, and any claims of other creditors that may be included in your plan.

Aside from the Firm's commitment to perform any and all work reasonably necessary to represent you in this bankruptcy case without requiring you to pay a substantial amount of the fees and expenses up front, there is no benefit to you from this priority treatment of the Firm's fees and expenses. Furthermore, this arrangement presents certain risks. In the event that your case is dismissed before completion of the plan or if you decide to convert your case to a case under Chapter 7, it is likely that the Firm's attorneys' fees will have been paid while little of your other debts are paid.

In addition, there is the possibility that a creditor or the Trustee may object to the Firm being paid under this altered priority arrangement. In the event of such an objection, the

THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Firm may lower that amount that the Firm will receive each month and increase the monthly payment to such creditor in order to resolve the objection. However, creditors may seek to recover additional attorneys' fees as a result of any such objection and you may be required to pay the creditors' additional attorneys' fees over time through the Chapter 13 Plan.

A Chapter 13 plan will be filed on your behalf to repay your creditors. Your Chapter 13 plan payment will be \$800.00 at the time of filing. This monthly Chapter 13 plan payment can be subject to change during your case. Included within this monthly plan payment is the Firm's compensation for representing you during the Chapter 13. You will be paying the Firm an attorney fee of \$4,000.00, with an initial down payment of \$350.00.

Within the Chapter 13 plan payment, you will be paying back your creditors and the Firm's attorney fees:

- 1. The trustee will be paid an estimated 5% of the plan payment.
- The Firm's fees will be paid at approximately \$645/mo.
- CAPITAL ONE AUTO FINANCE will be paid \$12,600.00 at 6.5% APR at a fixed
 monthly payment of \$73.00/mo until Firm's Fees are paid. Commencing with the
 September 2019 plan payment, CAPITAL ONE AUTO FINANCE shall receive set
 payments in the amount of \$475.00 per month.
- City of Chicago Dept. of Finance will be paid \$2,500.00 at 0% APR at a fixed monthly payment of \$41.67/mo until Firm's Fees are paid.
- General Unsecured Creditors will be paid 100% pro-rata after all other creditors.

If you do not wish to pay the Firm's attorneys' fees and expenses ahead of your creditors as set forth above, you have the following options:

- A. You can elect to pay the Firm an upfront retainer of \$1,500 prior to filing your case and elect for the plan to pay your car note (and/or other claims secured by personal property) and mortgage arrears in equal set monthly payments along with the Firm's fees and expenses; or
- B. You can seek representation by another firm under a different payment arrangement.

Please carefully review this letter. If the terms are not consistent with your understanding of our engagement in any respect or if you have any questions concerning the same, please notify us promptly. You can also seek advice from other counsel regarding your rights under this arrangement. Firm policy and a prior court order require that we receive confirmation of your

THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

acceptance of these terms in the form of your signature at the bottom of this letter. Please return the signed copy to the Firm as soon as possible.

Very Truly Yours,

THE SEMRAD LAW FIRM LLC

One of its Attorneys

Accepted:

Date: 0/17/2018

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DISCLOSURE OF AFTER ACQUIRED PROPERTY

I understand and agree that it is my responsibility to disclose any after-acquired property, including, but not limited to, a personal injury lawsuit or inheritance. I further understand if I file a Chapter 13 bankruptcy that the after-acquired property may after the terms of my confirmed Chapter 13 Plan.

| Client Broandar | SEP 1 2 2018 |
|-----------------|--------------|
| | |
| Cient | Dated: |

BANKRUPTCY OVERVIEW VIDEO DISCLAIMER

I have reviewed the Bankruptcy Overview Video and feel I understand all of the information that was covered in the video. I have asked any questions that I might have had regarding the information covered in the video. I also understand that the video is available online for future reference at http://www.debtstoppers.com/bankruptcy/chapter-13/.

| Kumberly Brown | Dated:SEP 1 2 ZD18 |
|----------------|--------------------|
| Client | 3 |
| Client | Dated: |

DISCLAIMER REGARDING THE RELEASE OF IMPOUNDED VEHICLES IN CHAPTER 13 CASES

Dear Valued Client,

You have asked the Semrad Law Firm, LLC ("the firm") to seek return of your vehicle that was impounded due to parking tickets and/or red light violations. On December 23rd, the City of Chicago ("the City") informed the firm that it will not be returning vehicles upon the filing of bankruptcy. This is due to a new position recently taken by the City that it is not legally required to return vehicles upon filing of bankruptcy.

It is the firm's belief that the City of Chicago is wrong in its analysis of the Bankruptcy Code and that the City is required to return vehicles impounded for parking/red light related debts. The Firm will be seeking court orders from the Bankruptcy Court sanctioning the City for its failure to release these vehicles. However, it is likely that this issue will take several months to resolve and that the release of your vehicle will be delayed during that time.

It is also possible that the City of Chicago will prevail on its position. Should the City prevail, you will not be able to regain possession of your vehicle without negotiating directly with the City or until the bankruptcy case is paid in full.

If you still wish to go forward with the filing of your bankruptcy case, please sign below.

Very Truly Yours,

The Semrad Law Firm, LLC

I understand that the filing of this bankruptcy will not result in the immediate release of my vehicle due to the explanation outlined above.

Client Brown Date

CHAPTER 13 DISCLAIMERS

| 1. | I understand that if I owe attorneys fees, those fees will be paid through the Chapter 13 plan and, to the extent allowed by the Bankruptcy Court, The Semrad Law Firm will likely be paid before any of my creditors are paid. |
|----|--|
| 2. | I understand that The Semrad Law Firm has pulled a credit report, but that said credit report does not report every debt I owe. I understand that it is my responsibility to provide all my debts to The Semrad Law Firm to list in my bankuptcy, and that failure to list a debt could be grounds for said debt(s) being not |
| | K13 |
| 3, | I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to The Semrad Law Firm all my debts, sources of income, assets, personal property, real estate, transfers of real estate over the past 4 years, and expenses. |
| 4. | I agree that I will attend my creditors meeting at the time, date and location that will be given to me by The Semrad Law Firm, and also mailed to me by the Bankruptcy Court. That at this meeting I will bring my driver's license or State ID, my social security card, and a recent pay stub if I am working. That failure of me to attend this meeting is grounds for my case to be dismissed. I also understand that failure to bring said requested documents to the meeting can be grounds for the meeting to not be held. |
| 5. | I understand that The Semrad Law Firm will be paid first before all creditors unless otherwise agreed or ordered by the court. |
| 6. | I understand that my first trustee payment is due 30 days after the filing of my bankruptcy case, and every 30 days thereafter. I agree to make my trustee payment every 30 days, and that failure to make my trustee payments is grounds to have my case dismissed. |
| | <u>KB</u> |
| 7. | I acknowledge that I have authorized The Semrad Law Firm to submit a payroll control order on my behalf (if applicable) to have my payment deducted from my payroll check each pay period. |

payroll check each pay period.

emotter number

| 8. | I understand that if a payroll control order is being submitted, that it is unknown when the trustee payments will be deducted out of my paycheck (usually takes one to two months). I also agree to make my Trustee payment directly myself to the Trustee until I see the deductions come out of my paycheck. |
|-----|---|
| 9. | I understand and agree that it is ultimately my responsibility to make my trustee payments each month and monitor my paycheck each pay period to ensure that not only that the deduction is coming out of my paycheck, but also that it is the correct amount. I agree that if for some reason the trustee payment stops coming out of my paycheck, or I leave my job that it is my responsibility to make my trustee payments directly to the Trustee. |
| 10. | I understand that when making a trustee payment directly to the Trustee, it can only be made by money order or certified check, and that a personal check or cash cannot be sent to the Trustee. |
| Œ. | |
| 11. | I agree that I am contributing all the disposable income I have available toward my Chapter 13 plan, and that if my plan is paying my unsecured creditors less than 100%, that the Bankruptcy Trustee can ask that my future tax refunds be tendered to my case while I am in my bankruptcy ages. |
| • | my case while I am in my bankruptcy case. |
| 12. | I understand that if I want to incur credit such as to finance a car or real estate that I need court permission, and agree that I must contact my attorney to obtain such permission. |
| 13. | I understand that I must have filed my federal and state tax returns for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed. |

I understand that if I am legally required by court order to pay domestic support obligations (child support, alimony), that falling in default is grounds to have my case dismissed and/or not receive a discharge in my case.

14.

| 15. | Understand that my Chapter 13 plan will run between 36 and 60 months depending on the amount of debt I have, and what the bankruptcy court requires my plan to run. |
|-----|--|
| 16. | I understand and agree to complete my 2nd credit counseling exit course before my case ends, and submit a copy of the certificate showing I completed this to my case ends. I also understand that failure to complete this requirement before my case ends is grounds to not receive my discharge. |
| 17. | If I have a garnishment coming out of my paycheck, I agree and understand that it is my responsibility to provide my payroll department with proof of my bankruptcy to stop said wage garnishment. It also my responsibility to contact the gamishing creditor and provide them with proof of my filing. |
| 18. | If a garnishment or voluntary deduction is coming out of my bank account, lagree that it is my responsibility to contact my bank to stop said deduction or garnishment by providing proof of bankruptcy, or requesting my bank to close my account and open a new account. |
| 19. | I understand that my monthly Trustee payment is not finalized and may increase or decrease due to a difference in my income, expenses, and/or my debt amounts. |
| 20. | I agree that I authorized The Semrad Law Firm to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules. |
| 21. | I understand that the entire firm of The Semrad Law Firm represents me, and that while a different attorney might have counseled me and prepared my case, that once my case is filed, one of the attorneys at The Semrad Law Firm will be assigned as my attorney for the remainder of my case. |

- 22. I understand that if I have had (1) bankruptcy dismissed in the last 12 months, that I only have the benefit of the automatic stay for 30 days, until a motion is granted by the judge extending the automatic stay protection for the remainder of the case. That if the Judge denies my motion to extend the automatic stay that it is possible that creditors will still be able to take actions such as foreclosing on my real property, repossessing any vehicles, and garnishing my monies.
- 23. I understand that if I have had (2) or more bankruptcies dismissed in the last 12 months, that I do not have the benefit of the automatic stay upon the filing of the case, until a motion is granted by the judge imposing the automatic stay protection for the remainder of the case. Until the Judge grants such motion none of my property including my real property, cars or monies are not protected. That if the Judge denies my motion to impose the automatic stay that creditors will still be able to take actions such as foreclosing on my real property, repossessing any vehicles, and garnishing my monies.
- 24. I understand that if I owe any taxing authority such as the IRS or State of Illinois any income tax debt, that even though I am required to put this debt into my Chapter 13 plan, that tax authorities still have the legal right to offset my next tax refund by the amount(s) they are owed.

Please read each paragraph and initial on the line below to state that you have read and understand each disclaimer.

VEHICLE INSIDE THE PLAN DISCLAIMER

| | to have full coverage insurance is grounds for my finance company(s) to repossess my vehicle(s). |
|-----|--|
| 3 | · KB |
| 823 | |
| 2. | I understand that my first trustee payment is due within 30 days of my case being filed, and that if the trustee payment is not received and posted to the Trustee's account wilhin 30 days that this could be grounds to have my car repossessed. |
| 3. | I understand that if my car was purchased more than 910 days ago, that I only have to pay back the value of my vehicle, but this value can be disputed by my finance company causing my Trustee payment to increase. |
| 4. | I understand that it is my responsibility to contact my car creditor(s) after my bankruptcy case has been filed to alert them that I am in a bankruptcy so my car does not get repossessed. |
| 5. | I understand that if I want to sell or trade in my vehicle, that I need court permission and must contact my attorney to obtain such permission. |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

 However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$43.23 for expenses, leaving a balance due of \$4,003.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | 9/18/2018 | |
|----------|----------------|------------------------|
| Signed: | | |
| /s/ Kimb | oerly Bradshaw | |
| | | /s/ Timothy Mazur |
| Debtor(s | s) | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1.717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Bradshaw, Kimberly | _ Case No | |
|-----------------|---|---|--------------------------------------|
| | Debtor(s) | | |
| | | Chapter. | Chapter13 |
| | VERIFICATION | ON OF CREDITOR MAT | TRIX |
| Th knowledge | ne above named Debtors hereby verify that t e. | he attached list of creditors is tr | rue and correct to the best of their |
| Date: | 9/18/2018 | /s/ Bradshaw, K Bradshaw, Kimb Signature of Del | perly |

Federal Loan Service Pob 69184 Harrisburg, PA, 17106

CAPITAL ONE AUTO FINANCE PO Box 201347 Arlington, TX, 76006

CERTIFIED SERVICES INC PO Box 177 Waukegan, IL, 60079

M3 Financial Services Po Box 7320 Westchester, IL, 60154

1ST Financial Investment Fund 3091 GOVERNORS LAKE DR PEACHTREE CORNERS, GA, 30071

Santander Consumer USA ATT POC: Janiscia Jackson PO Box 961245 Fort Worth, TX, 76161

Mount Sinai Hospital 1500 S. California Chicago, IL, 60608

McNeal Health Network 3249 Oak Park Ave Berwyn, IL, 60402

Linebarger Goggan Blair & Samplson, LLP 233 S WACKER #4030 Chicago, IL, 60606

Chicago State University 9501 S King Dr Chicago, IL, 60628

City of Chicago - Dept. of Finance 333 S State Street, Suite 330 Chicago, IL, 60604 CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS, NV, 89193

TBOM/ATLS/FORTIVA MC 5 CONCOURSE PKWY ATLANTA, GA, 30328

COMENITY BANK/LNBRYANT 4590 E Broad St Columbus, OH, 43213

McNeal Hospital 2384 Paysphere Cir Chicago, IL, 60674

IL Tollway PO Box 5544 Chicago, IL, 60608 Case 18-26272 Doc 1 Filed 09/18/18 Entered 09/18/18 15:49:15 Desc Main Sep. 17. 2018 3:31PM Document Page 83 of 88 No. 0049 P. 5

| Middle Name | Bradshaw Lend Norma | Case number fil known | · |
|--|---|--|--|
| | 7.7 (0.0 (1.7 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 | į. | |
| 16a. Are your debts prima "Incurred by an individence of the Incurred by an individence of the Incurred by an individence of the Incurred by Are your debts prima money for a business No. Go to line 16c Yes. Go to line 17. | rily consumer deb lual primarily for a p rily business debts or investment or th | ersonel, family, or housel or <i>Business debts</i> are deb rough the operation of the | nold purpose," ts that you incurred to obtain s bualness or investment. |
| Yes. I am filing under Cha | pter 7. Do you estima | le that after any exempt pro | perty is excluded and administrative ad creditors? |
| ☑ 1-49 □ 50-99 □ 100-199 □ 200-999 | 5,00 | -10,000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 millon | \$10,0 \$50,0 | 00,001-\$60 million 00,001-\$100 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| ☐ \$0-\$50,000 ☐ \$50,001-\$100,000 ☑ \$100,001-\$500,000 ☐ \$500,001-\$1 million | \$10,0 \$50,0 | 00,001-\$50 million 00,001-\$100 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$60 billion More than \$50 billion |
| | | | |
| correct. If I have chosen to file under of title 11, United States Counder Chapter 7. If no attorney represents me out this document, I have of I request relief in accordance I understand making a false connection with a bankrupt both 18 U.S.C. \$6 152 33 Yel Kimberly Bradshay Signature of Debtor 1 | Chapter 7, I am avide. I understand the end I did not pay obtained and read the with the chapter of statement, conceady case can result in 1519, and 3571 | vere that I may proceed, If e relief available under each or agree to pay someone we e notice required by 11 U. of title 11, United States Co ing property, or obtaining or fines up to \$250,000, or | eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed who Is not an attorney to help me fill S.C. § 342(b). Code, epecified in this petition. I money or property by fraud in Imprisonment for up to 20 years, or |
| | 16a. Are your debts prima "Incurred by an individed No. Go to line 16b. Are your debts prima money for a business. No. Go to line 17c. 16b. Are your debts prima money for a business. No. Go to line 17c. 16c. State the type of debts. No. I am not filing under Chapters. No. I am filing under Chapters. No. Yes. I am filing under Chapters. I no stoonoon St | petions for Reporting Purposes 16a. Are your debts primarily consumer dab "Incurred by an individual primarily for a primaril | retions for Reporting Purposes 16a. Are your debts primarily consumer dabts? Consumer debts are or "incurred by an individual primarily for a personal, family, or housef "Incurred by an individual primarily for a personal, family, or housef "Incurred by an individual primarily for a personal, family, or housef "No. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debt money for a business or investment or through the operation of the No. Go to line 16c. Yes. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or but yes. I am filling under Chapter 7. Do you estimate that after any exempt proexpenses are paid that funds will be available to distribute to unsecure yes. No. Yes. 1-49 1-000-5,000 50-99 50-99 50-99 50-050,000 \$50,001-\$100,000 \$50,001-\$100,000 \$50,001-\$100,000 \$50,001-\$100,000 \$50,001-\$100,000 \$50,000,01-\$500 million \$50,000-\$500,001-\$100 million \$50,000-\$500,001-\$500 million \$50,000-\$500,001-\$500 million \$50,000-\$500,001-\$100 million \$50,000-\$500,001-\$100 million \$50,000-\$500,001-\$100 million \$50,000-\$500,001-\$100 million \$50,000-\$500,001-\$100 million \$50,000-\$500,001-\$100 million \$50,000-\$500 million |

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| Deblor 1 | Kimberly | | Bradshaw | |
|---|------------|-------------|----------------------|--|
| | First Name | Middle Name | Lest Name | |
| Debtor 2 | | | | |
| (Spowe, lift)ing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois | |
| Case number | | | (State) | |
| ((known) | | | | |

Official Form 106Dec

Check If this is an amended filing

Declaration About an Individual Debtor's Schedules

If two married people are filing logather, both are equally responsible toy supplying correct information.

12/15

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.O. §§ 152, 1341, 1318, and 3571.

| rti: Sign Below . | *** | |
|--|---|---|
| Did you pay or agree to pay someone who is h | NOT an attorney to help you fill out bankruptcy forms? | |
| ☑ No | | |
| Yes. Name of parson | Altach Bankruptcy Palillon Preparer's Notice, Declaration, and Signature (Official Form 119). | |
| a 9 | | |
| | ž. | • |
| | | |
| Inder penalty of perjury, I declare that I have hat they are true and cofrect. | read the summary and schedules filed with this declaration and | |
| My Hunky Bornankon | | |
| Val Kimberly Bradshiw | × | |
| Bignature of Debtor 1 P | Signalure of Deblor 2 | |
| Date 9/17/2018 | Date | |
| MM/DD/YYYY | MM/DD/YYY | |

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| Firet Nan | | | Bradshaw | Case number (//know | าม้ | |
|-----------------|---|--------------------------|----------------------------|---|---|---------------------------------|
| | 10 | Middle Name | Lest Name | | · ———— | |
| 28. Within 2 ve | | | | | | |
| creditors, | ars belore you liled to or other parties. | or bankruptoy, did yo | etete lelonenii e évig u | ment to anyone about your b | usiness? include șii | financial institution |
| No. | | | 17 | | | |
| - | ii in the details below. | 2 | | | (i | |
| L 163.1 | ıı ın ara dattıla balow. | | | N ₂ | | |
| | | | Date Issued | • | | |
| Name | | | мм/ор/үүү | - | <u>(</u> | |
| Numb | er Street | | - | | | |
| City | State | Zip Code | 20 <u>20</u> 27 | ĝ | | |
| | State | Alp Code | | | | |
| ari 12: Sign i | Below | | | | | |
| tive and por | oot. I underetend the | it making a talee stal | tement, concealing proj | ments, and I declare under perty, or obtaining money or to 20 years, or both, 18 U.S.C | property by fraud in | gonnastias udti. |
| tine and both | oot. I underetend the | name up to \$250,000, or | tement, concealing proj | perty, or obtaining maney or to 20 years, or both, 18 U.S.C | property by fraud in | gonnastias udti. |
| tine and both | Cash can result in The | name up to \$250,000, or | tement, concealing proj | serty, or obtaining maney or to 20 years, or both, 18 U.S.C | property by fraud in | gnanastias uitti. |
| a bankruptey | /s/ Kimberly Br Signature of Debte | name up to 9250,000, o | terment, conceeding pro | serty, or obtaining maney or to 20 years, or both, 18 U.S.C. Signature of Debtor 2 Date | property by fraud in C. 86 182, 1341, 1516 | oonnection with), and 3671. |
| a bankruptes | /s/ Kimberly Br Signature of Debte | name up to 9250,000, o | terment, conceeding pro | serty, or obtaining maney or to 20 years, or both, 18 U.S.C | property by fraud in C. 86 182, 1341, 1516 | oonnection with), and 3671. |
| a bankruptey | /s/ Kimberly Br Signature of Debte | name up to 9250,000, o | terment, conceeding pro | serty, or obtaining maney or to 20 years, or both, 18 U.S.C. Signature of Debtor 2 Date | property by fraud in C. 86 182, 1341, 1516 | oonnection with), and 3671. |
| a bankruptes | /s/ Kimberly Br Signature of Debte | name up to 9250,000, o | terment, conceeding pro | serty, or obtaining maney or to 20 years, or both, 18 U.S.C. Signature of Debtor 2 Date | property by fraud in C. 86 182, 1341, 1516 | oonnection with), and 3671. |
| Did you attac | /s/ Kimberly Br Signature of Debic pate 9/17/2016 th additional pages to | a take statement of i | Financial Affairs for Indi | serty, or obtaining maney or to 20 years, or both, 18 U.S.C. Signature of Debtor 2 Date Viduals Filling for Bunkruptor | property by fraud in C. 86 182, 1341, 1516 | connection with), and 3571. |
| Did you attac | /s/ Kimberly Br Signature of Debic pate 9/17/2016 th additional pages to | a take statement of i | terment, conceeding pro | serty, or obtaining maney or to 20 years, or both, 18 U.S.C. Signature of Debtor 2 Date Viduals Filling for Bunkruptor | property by fraud in C. 86 182, 1341, 1516 | connection with), and 3571. |
| Did you attac | /s/ Kimberly Br Signature of Debic pate 9/17/2016 th additional pages to | a take statement of i | Financial Affairs for Indi | serty, or obtaining maney or to 20 years, or both, 18 U.S.C. Signature of Debtor 2 Date viduals Filing for Bunkruptor | property by fraud in C. 86 182, 1341, 1516 | connection with), and 3571. |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Bradehaw, Kimberly Debtor(s) | Case No | | |
|------------------|--|-----------------------------------|------------------------|---------------|
| * * | | Chapter. | Chapter13 | |
| | | | | 1 1 1 |
| | VERIFICATI | ON OF CREDITOR MA | TRIX | |
| The nowledge. | above named Debtors hereby verify that | the attached list of creditors is | rue and correct to the | best of their |
| Date: | 9/17/2018 | /a/ Bradshaw, Kim | State Carlo | nles |
| | Ñ. | Signature of Di | | |

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| Debte | or 1 Kimberly Firal Name | Middle Neme | Bradshaw Last Name | Case number 6/600my | | |
|--------|--|---|---|--|--|--|
| | Manage to contrast a contrast and a contrast | | 1 10:10 | e caración cambina a como mando de los caracións. | 11 100 | |
| 16. | | nlly Income that applies to | | A SECTION OF THE SECT | | |
| | 16a. Fill in the state in which | M.5.1259444 | Illin ola . | | | |
| | 18b, Fill in the number of p | | | 9 | 1200 575755 | |
| | 16c. Fill in the median famili household | ly income for your state and a | ilze of To ded | allat of epplicable median income amounts, go chilne | \$62,410.00 | |
| | | in the asparate instructions | for this form. This list ma | y also be available at the bankruptcy clerk's office. | | |
| 17. | How do the lines compare | | | 0 8 | | |
| | 17a. Line 15b is less ti under 11 U.S.C. (| ran or equal to line 16c. On ti § <i>1325(b)(3).</i> Go to Part 3. [| he top of page 1 of this to NOT fill out <i>Calculatio</i> | form, check box 1, <i>Disposable income is not determined</i> in of Disposable Income (Official Form 1220-2). | | |
| | U.S.C. § 1325(b) | than line 16c. On the top of p (3). Go to Part 3 and fill out current monthly Income from | Calculation of Disposa | k box 2, <i>Disposable income is delemined under 11</i> able Income (Official Form 122Q-2). On line 39 of that | * | |
| Parl : | : Calculate Your Con | nmitment Period Under | 11 U.S.C. §1325(b) | (4) | | |
| 18. | THE PERSON NAMED IN COLUMN 2 I | nonthly income from line 1 | | | \$5,874.77 | |
| 19. | Deduct the marital adjust commitment period under | ment if it applies, if you are in U.S.C. § 1325(b)(4) allows | married, your apouse is | not filing with you, and you contend that calculating the our spouse's income, copy the amount from line 13. | | |
| - | 19s. If the marital adjustme | nt does not apply, fill in 0 on | line 19a. | | -\$0.00 | |
| | 19b. Subtract line 19a fro | m line 16. | | 3 | \$5,874.77 | |
| 20. | Calculate your current m | onthly income for the year. | Follow these steps: | , | | |
| | 20a. Copy line 19b. | | | | | |
| | | mber of months in a year). | 5 5 54 W. S | S to the transferred interesting | x12 | |
| | 20b. The result is your curre | ent monthly income for the ye | ear for this part of the for | m. | \$70,497.24 | |
| | 20o. Copy the median fami | ly income for your state and o | size of household from I | ne 160. | \$52,410.00 | |
| 21. | How do the lines compare | a? | ************************************** | | | |
| | Line 20b is less than ill commitment period is: | | ered by the court, on the | lop of page 1 of this form, check box 3, The | | |
| | Line 20b is more than a 4, The commitment pe | or equal to line 20c. Unless o eriod is 5 years. Go to Part 4. | therwise ordered by the | court, on the top of page 1 of this form, check box | 쳪 | |
| arl 4 | Sign Below | and person statement and appears | | 9 | | |
| Parl 4 | 4, The commitment pe | riod is 5 years. Go to | Part 4. | Part 4. | Pert 4. Derjury that liberinformation on this statement and in any attachments is true and correct. | |
| | 1 JANABOUT | 400000Kar | ί | # E | | |
| | 3C / /e/ Kimberly Br | | <u> </u> | | | |
| | Signature of Dabto | MY | - 3 | Signature of Debtor 2 | | |
| | Dale 9/17/2018 MM/DD/YY | ₹ | e 10 | Date MM/DD/YYYY | | |
| | If you checked 17s, do If you checked 17b, fill above. | NOT fill out or file Form 122 out Form 122C-2 and file it | C-2. with this form, On tine S | 9 of thet form, copy your current monthly income from line | e 14 | |

Case 18-26272 Doc 1 Filed 09/18/18 Entered 09/18/18 15:49:15 Desc Main Sep. 17. 2018 3:32PM Document Page 88 of 88 No. 0049 P. 10

| Bblar 1 Kimberly First Name | Middle Name | Bradehaw Last Name | Case number (illown) | = |
|--------------------------------|---------------------------------|------------------------------|--|---|
| rt 4: Sign Below | 9/39/06/20 PM 20 PM 20 PM | SECURIFICATION CO. | 4 | |
| v skyning here./Nynder/Densky | of peniury vortideclare therein | n information on this state. | nont and in any attachments is true and correct. | |
| PHMHULIX | menhan | amoninghori on this stator | ion and in any accomments is true and conject. | |
| /a/ Kimberly Bradshaw | 31 100 | x | | |
| Signature of Debtor 1 | | | ignature of Debtor 2 | |
| Date 9/17/2018 | | | rate | |
| MM/DD/YYYY | | | MM/DD/YYYY | |
| | | | | |